Government Publications

DENIED TOO LONG

THE NEEDS AND CONCERNS OF SENIORS LIVING IN FIRST NATION COMMUNITIES IN ONTARIO

CA2ON
SD715
-1990
D27



Front Cover Acknowledgements

*The front cover of this report bears the portrait of 76-year-old Jemima Morris of Big Trout Lake First Nation in the Far North. Mrs Morris took part in Council's consultation meeting in her community in June of 1992. From a photograph of Mrs. Morris, Mohawk artist Johnnie Lee Gibson of the Six Nations was able to create the artwork for the report's cover. The title of the report — **Denied Too Long** — is from a comment made to Council by Ron Wakegijig, a community health worker from Wikwemikong Unceded First Nation on Manitoulin Island.*

Council is grateful for the part each of these individuals played in making this report a reality.

EN FRANÇAIS

Ce document est aussi disponible en français sous le titre *Trop longtemps ignorés — Les besoins et les inquiétudes des personnes âgées des communautés des premières nations de l'Ontario.*

Pour en obtenir des exemplaires, prière d'écrire à Publications Ontario, 880, rue Bay, Toronto (Ontario), M7A 1N8, (1-800-668-9938), ou au Conseil consultatif de l'Ontario sur l'âge d'or, 700, rue Bay, bureau 203, Toronto (Ontario), M5G 1Z6.

ALTERNATIVE FORMATS

This document is also available in alternative formats — cassette tape and computer (IBM \ Macintosh) floppy disk.

Printed on recycled paper. 1993.

ISBN 0-7778-1402-1

For more copies, contact Publications Ontario at 880 Bay Street, Toronto, Ontario M7A 1N8, (1-800-668-9938), or write to the Ontario Advisory Council on Senior Citizens at 700 Bay Street, Suite 203, Toronto, Ontario, M5G 1Z6.

DENIED TOO LONG

THE NEEDS AND CONCERNS OF SENIORS LIVING IN FIRST NATION COMMUNITIES IN ONTARIO

ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS 1993

"I am not just a dumb Indian.
I hurt like everyone else." —
Tom Medicine, native senior,
Rainy River First Nation.



LETTER TO THE MINISTER

The Hon. Elaine Ziemba
Minister of Citizenship
with Responsibility for
Human Rights, Disability Issues,
Seniors' Issues and Race Relations

Dear Ms Ziemba:

In its two decades of providing advice to the Government of this province, the Ontario Advisory Council on Senior Citizens believes that no issues have been more pressing, none so grievous or deep-rooted as those identified in this report on First Nation seniors.

It is a report based on facts and experiences shared with Council members by native seniors, chiefs, service providers and family members. Council gratefully acknowledges their unfailing co-operation.

In visiting various First Nations, Council members have observed some hopeful signs: the high calibre of leadership in the First Nations; the growing number of highly qualified young people committed to working in their communities; new evidence of seniors regaining their traditional role of respect; and a growing willingness on the part of society at large to deal constructively with First Nation issues.

But the preponderant sense of the study is that First Nation seniors have a long way to go to achieve anything like the levels of income, housing, health care and community services available to other seniors of this province.

In opening their hearts and communities to us, native seniors trusted Council to report accurately and fairly. It is a responsibility that Council has taken most seriously.

What we now urge is prompt consideration of this report and its recommendations by both the federal and provincial governments and early action.

It is Council's earnest hope that in some way this report will result in First Nation seniors enjoying an improved quality of life to which they have full entitlement but which has been denied too long.

Yours truly,

Bill Hughes

Bill Hughes
Chairman



Along with other seniors at Curve Lake First Nation, Kay Taylor urged her Band to establish a council of elders to be called on for advice and guidance.

From the North, South, East and West

Great, Great Spirit, Our Creator who gave us life; Mother Earth to honour and protect; the Four Seasons; the four colours of people who come from four directions; give us peace that we may live in harmony.

From the South comes beauty and all foods and medicines. This day we ask fulfilment of our dreams for the future. Let not deceit, selfishness or any ill will towards our brothers or sisters turn us away from the real path.

From the West we ask that our plans be made clear to us. Teach us patience, kindness, fairness and courage that we may treat all colours of people with honour and love. May we not forget those who have gone before us, who worked so that all people would receive justice and love.

From the North we ask goodwill and honesty in all our plans, for if we become careless in our truth we will have trouble in our dealings.

From the East we wake to greet the Sun, greatest of all gifts. Our Creator will smile on us if we treat this gift wisely. Mother Earth needs the Sun and the rain, for without them we would perish.

Great Spirit, bring back the wild animals, and make our lakes and rivers pure again that we might savour the fish once more. Great Spirit, make the Indian corn grow and the medicine strong. We will then be able to look after our children, the orphans, the lame and the blind.

All these things I beg of you, Great Spirit. Bless all those present sitting at these tables who are about to partake of your bounty. I ask this in your name, Great Spirit.

Meegwetch.

Council Member and Native Elder Verna Johnston, 84, opened the August 1992 consultation meeting at Couchiching First Nation with this invocation.

Table of Contents

Ontario Advisory Council on Senior Citizens	6
Acknowledgements	7
Executive Summary	8
Introduction	10
Study Process	11
Context	15
First Nation Profiles	23
First Nation Questionnaire	33

Issues

Income	37
Health	41
Housing	57
Community Services	64
Abuse of the Elderly	73
Quality of Life	77

List of Recommendations 83

Appendix 88

Ontario Advisory Council on Senior Citizens

The Ontario Advisory Council on Senior Citizens was established in 1974 by an Order-in-Council approved by the Lieutenant-Governor of Ontario. Council advises the Government of Ontario through the Minister of Citizenship with responsibility for senior citizens. Council also responds to specific requests from the Minister for advice. This two-way communication between the Minister and Council ensures that the needs and concerns of seniors throughout the province are brought directly to the attention of the government as policies are developed and programs delivered.

Over the past two decades Council has studied subjects as diverse as the needs of the rural elderly, supportive housing and transportation. The Council regularly publishes major reports and discussion papers. Council speaks for over one million Ontario seniors and seeks change on their behalf. However when Council voices an opinion, it is only after it has consulted with seniors, community groups, service providers, and government decision makers.

Council's membership during the preparation of this report included: Mr. A. William Hughes, Chairman, Toronto; Dr. William B. Arnup, Vice-Chairman, Lindsay; Ms Daphne Bailey, Etobicoke; Rev. Ruth Marie Butt, Woodstock; Mrs. Verna Johnston, Chippewas of Nawash First Nation; Dr. Fai Liu, Toronto; Mr. Jean-Louise Racine, Ottawa; Ms Maria Santi, Sudbury; Dr. Helene Shingles, Sarnia; Mr. Ralph D. Sweet, Q.C., Ottawa; Mr. Jean-Paul Van Bergen, Vankleek Hill; and Mr. Raymond A. Yukich, Sault Ste. Marie. Former Council Chairman Manning Shore of Toronto and retired Council Members Murray Chalmers of London, Canon Clifford Ward of Toronto and Rev. Lloyd Cracknell of London also participated in the preparation of this report. Staff members for this project were: Executive Officer Carol Franks, Communications Officer Jacques Samson, Financial Officer Noorie Kabani and Research Analyst Phil Jackson.



Advisory Council Members (left to right) Jean-Louis Racine and Verna Johnston and Chairman Bill Hughes listen to comments being made at the Oneida of the Thames consultation meeting in November 1992. Oneida Chief Al Day (far left) opened the meeting, and then participated in some of the sessions.

ACKNOWLEDGEMENTS



This report is dedicated to the First Nation seniors of this province whose generosity of spirit made this study possible and purposeful.

Council is indebted to the many individuals and organizations who assisted in one of the most extensive consultations ever undertaken with First Nation senior citizens in Ontario. In particular, we thank the seniors themselves; service providers and advocacy groups; Band Chiefs and administrators; public servants; and the academic community. All played a valuable role which deserves recognition.

Council also wishes to acknowledge the guiding role played by the Office of the Chiefs of Ontario — Ontario Regional Chief Gordon Peters in particular and Chiefs Mel Jacobs, Stanley Sainnawap, Norman Brown, Joan Mainville, Al Day, Michael Mitchell, Clifford Meness, Alfred Day, Eugene Manitowabi, and Earl Hill.

Council is also grateful for the contributions made by Council's Executive Officer and staff, and members of the community who reviewed the final manuscript.

This report is dedicated to the First Nation seniors of this province whose generosity of spirit made this study possible and purposeful.

Meegwetch
(Thank you)

EXECUTIVE SUMMARY

For at least 20,000 years before the arrival of the Europeans, this continent was inhabited by the ancestors of today's native people. They were proud, self-sufficient people who raised their families, tended their crops, celebrated new life and mourned their dead.

Through song, dance and art they expressed their hopes and dreams, their fears and disappointments. Theirs were complex societies with strong traditions, values, structures and governing bodies.

With the European settlement of North America, native peoples and their way of life were swiftly reduced to a single word, "savage." Their lands were taken. Their numbers decimated. Their cultures debased. And when there was no more land to take, they were set apart on reserves allowing the new settlers to go about the business of nation building.

No words can truly describe the trauma suffered by Canada's native peoples over the past four centuries of colonization. The wrongs cannot be undone. The centuries of injustice cannot be erased.

However in recent years the collective voice of Canada's native peoples has made itself heard more insistently. Society has been forced to listen and to acknowledge historic injustices denied for generations.

It is Council's hope that this report will contribute to an on-going process of understanding and redress. Over the past year Council has met with native seniors throughout the province from Big Trout Lake in the Far North to Oneida in Southwest. Council has come away with an alarming picture of poverty, ill-health, substandard housing and neglect among Ontario's native seniors living on reserves.

INCOME

Most native seniors have no other source of income other than Old Age Security and the supplements. It is seldom enough for seniors living on rural or remote reserves where the cost of food, electricity, heating fuel and other basic necessities are markedly higher.

HEALTH

Of Ontario's 128 First Nations, not one has a full-fledged hospital. Many do not even have nursing stations. The majority rely on community health representatives, many of whom have little formal training.

The story is the same for long-term care facilities. Without on-reserve nursing homes or homes for the aged, the vast majority of native seniors live with the daunting prospect of being sent away from families and friends to off-reserve facilities when they become frail.

In past centuries smallpox and influenza took a great toll among native people. In 1993, a new and insidious threat to native health has arisen — diabetes. In one community, visited by Council, the Chief estimated that fully 80 per cent of the seniors had diabetes. Few reserves have diabetes counsellors to help seniors learn to cope with the disease.

Housing

Housing is another serious problem for native seniors. In Ontario's Far North, reserve housing without running water, indoor plumbing or proper insulation or sewage system is the rule not the exception.

Estimates are that 70 per cent of reserve housing in this province is substandard. For older people the dampness and the cold aggravate arthritis and respiratory problems. Cutting wood and hauling water are heavy burdens for older people.

Community Services

Services such as Meals on Wheels or friendly visiting which are now commonplace in southern Ontario communities, are rarely found in First Nations. Council heard repeatedly from native seniors how appreciative they were of a few hours of help from a homemaker or home support worker. While the Ontario Government's Homemaker Program is available in many native communities, the in-home nursing program of Home Care is seldom offered. Without a range of community support services, native seniors are left with two options — suffer in silence with inadequate support services or face early institutionalization which leads to separation from community and culture.

When Council surveyed First Nation communities across the province on the needs and concerns of their seniors, an overwhelming majority of respondents judged quality of life for their seniors as "poor," "unsatisfactory" or "impoverished." For Council these findings are indeed troubling and can only be viewed as a powerful call for change on behalf of First Nation seniors in this province.

One of the impediments to change is jurisdiction. Native peoples in Canada have historically been the responsibility of the federal government. Council urges the federal government to recognize fully its responsibilities to native people especially in areas of health, housing and education.

Council further urges the federal and provincial governments to work co-operatively to support those native communities which are trying to achieve self-government.

This report contains 35 recommendations. Many are of federal concern. Some are directed at the Government of Ontario.

While the focus of this report is on what needs to be improved, Council also saw much to applaud — committed and concerned chiefs and band councils, dedicated service providers and family members anxious to intervene on behalf of their seniors, organizers of intergenerational programs, and young people re-discovering the traditional wisdom of their elders.

Much needs to be done before native seniors enjoy a quality of life comparable to that enjoyed by the majority of seniors in this province. It is Council's hope that this report contributes to the improvement in the quality of life for First Nations seniors which has been too long denied.

INTRODUCTION



Within the limitations of its resources, Council decided to concentrate primarily on the specific issues affecting native seniors living on reserves and in unceded territory.

In the spring of 1992, Council began a year-long study of the needs and concerns of First Nation senior citizens in Ontario.

Within the limitations of its resources, Council decided to concentrate primarily on the specific issues affecting native seniors living on reserves and in unceded territory. It was Council's opinion that on-reserve seniors faced more difficult problems than most native seniors living in urban centres.

Council did, however, meet with some native seniors who had lived in Toronto for most of their adult lives. At the Native Canadian Centre of Toronto, Council's executive spent an afternoon talking with a dozen native seniors from Wigwamen Terrace, a downtown apartment building for native seniors. Many of their concerns mirrored those of other seniors who find themselves growing old in an urban centre, namely the high cost of living in Toronto, personal safety, and loneliness.

The Native Canadian Centre of Toronto and the Anishnawbe Health Centre also in Toronto indicated that while they had regular contact with a small number of native seniors, they believed that the majority of native seniors, living off reserve, had long since integrated into mainstream society.

Council also met with the Ontario Metis and Aboriginal Association, which represents approximately 200,000 off-reserve Metis, status and non-status native people. This association also commented that it had difficulty locating seniors, most of whom, were either dispersed around the periphery of First Nation communities or lived in urban centres.

Although Council did not have the resources to take an in-depth look at the needs and concerns of off-reserve native and Metis seniors, it is Council's opinion that they are areas worthy of more study.

STUDY PROCESS



The meetings were well attended by the seniors of each community — in some cases every senior in the community was present.

Council has traditionally relied heavily on face-to-face consultation with seniors. This approach was again utilized for this study with consultation meetings held throughout the province, with more than 200 individual seniors presenting their views.

Council also held meetings in Toronto with experts, representatives of native organizations and service providers. Finally, Council supplemented its information through a detailed questionnaire sent to 116 First Nation communities in the province. These three distinct phases of information gathering have shaped this report.

Phase One: Community Consultations

Council's consultation meetings were arranged in co-operation with the Office of the Chiefs of Ontario and local Chiefs. The sites chosen represent a cross-section of native communities in different parts of the province. The specific sites were:

- Central Ontario: Curve Lake First Nation near Peterborough;
- The Far North: Big Trout Lake First Nation, a remote community 400 miles north of Thunder Bay; and Wapekeka First Nation, a small isolated community near Big Trout Lake;
- The Northwest: Couchiching First Nation near Fort Frances with representation from the surrounding communities of Big Grassy First Nation, Lac La Croix First Nation, Ojibways of Onegaming First Nation, Naicatchewenin First Nation, and Rainy River First Nation.
- The Southwest: Oneida of the Thames First Nation, 12 miles from London, with representation from the Mississaugas of the New Credit First Nation, the Chippewas of Nawash First Nation, the Chippewas of Kettle and Stony Point First Nation, the Chippewas of Sarnia First Nation and Walpole Island First Nation.

First Nation Consultations



In each community, the Chief opened the meeting with words of welcome and comments about that particular First Nation. The meetings were well attended by the seniors of each community — in some cases every senior in the community was present. Frequently, seniors from surrounding First Nations travelled great distances to attend.

A number of seniors found themselves sharing concerns with neighbouring First Nations with whom they had little previous contact. In northern communities translation services were provided for those speaking Cree, Ojibway and Oji-Cree.

Many seniors told Council that it was the first time they had been asked their opinion and how pleased they were for an opportunity to be heard.

The consultations pointed out clearly that the problems of northern and southern communities were so different that they required a degree of separate analysis in this report. For the purposes of this report the North includes communities north of Sudbury as well as Manitoulin Island.

Transcripts of these five consultations are available from Council.

Phase Two: Specific Meetings

During Phase Two, Council met in Toronto with the following groups and individuals:

- The Ontario Metis and Aboriginal Association: Jody Richardson, Health Services Co-ordinator; Lorraine Gisborn, Second Vice-President; and Donna Scully, Housing Consultant.
- Eastern Ontario First Nations
  - Akwesasne: Assistant Director of Social Development Francis Jock; Lakisotha Nursing Home Manager Bonnie Cole; and Home Support Program Manager Mary Thompson.
  - Mohawks of the Bay of Quinte: Band Councillor Don Maracle; Home Support Co-ordinator Cindy Maracle; Community Nurse Helen Redman; Homecare Support Co-ordinator Cindy Sparks; Seniors Eva Maracle and Helen Spencer.
  - Algonquins of Golden Lake: Home Support Co-ordinator Evelyn Sarazin; Seniors' Club President Dorothy Commanda; and Emergency Housing Co-ordinator Helen Bernard.
- Wikwemikong Unceded First Nation on Manitoulin Island: Chief Eugene Manitowabi; Community Health Worker Ron Wakegijig: Nursing Home Administrator Mark Manitowabi; Seniors' Program Co-ordinator Agnes Webkamigad.
- Wequedong Lodge in Thunder Bay: Executive Co-ordinator Bernice Dubec and Seniors' Co-ordinator George Potson.
- Native Canadian Centre of Toronto
- Wigwamen Terrace, Toronto
- Alethea Kewayosh, Co-ordinator of Diabetes Program for the First Nations Health Commission of the Assembly of First Nations and Diabetes Adviser for the Ontario Ministry of Health.
- Rebecca Hagey, University of Toronto Professor of Nursing and specialist in native diabetes.

- Wanda Whitebird, Outreach Worker, Anishnawbe Health Clinic, Toronto.
- Esther Giroux, Community Development Officer for the First Nations Health Commission of the Assembly of First Nations.



Esther Giroux, Assembly of First Nations.

Phase Three: The Questionnaire

Council sent a questionnaire to 116 First Nations in Ontario, seeking comment on a variety of issues affecting the lives of their seniors. The results of the questionnaire are incorporated into the chapters of this report dealing with specific issues. A copy of the questionnaire can be found in the appendix.

Many seniors told Council that it was the first time they had been asked their opinion and how pleased they were for an opportunity to be heard.

CONTEXT



In 1969, the Government of Canada released a White Paper on Indian Policy which implicitly absolved it of blame for the past mistreatment of native people and effectively urged their rapid and complete assimilation.

Historical Perspective

To understand the current social and political circumstances facing First Nations it is important to have some appreciation of their history.

Until recently, many anthropological studies had speculated that human beings had first arrived in North America 23,500 years ago having crossed over the Bering land-bridge from Asia into Alaska.

New anthropological findings and theories suggest that the ancestors of today's native people may have actually lived on this continent several thousand years earlier than previously thought.

Even with the existing evidence it is clear that the ancestors of the Iroquois Confederacy lived in Ontario as far back as 9,000 B.C. Burial mounds in the Fort Frances area further indicate a native presence dating back to 7,000 B.C.

When Europeans arrived in the 16th century, the native population in North America already had a long history with diverse and highly structured communities.

By the early 1600s the Iroquois Confederacy included five nations — the Oneidas, the Mohawks, the Onondagas, the Cayugas and the Senecas. These five nations would be joined in the early eighteenth century by a sixth, the Tuscarora. Together these nations became known as the Six Nations, occupying lands in western New York State and around Lake Ontario.

When the first Europeans arrived in what is now Ontario, the largest formation of Iroquois living in what was to become Canada were the four nations of the Huron Confederacy: Bear, Rock, Cord and Deer. The Huron Confederacy occupied land around Georgian Bay and in 1600 numbered around 20,000 people living in highly organized villages of up to 1,500 people.

The Iroquois were largely an agricultural people, growing maize, corn, beans, squash and sunflower. Especially among the Huron, these crops were supplemented with fish and small game. The Petun or Tobacco Nation, north west of Lake Ontario were in some ways distinct among the Iroquois, playing a significant trading role in tobacco and other goods.

Often known as the people of the longhouse, the Iroquois lived in large fixed dwellings. The societies themselves were largely egalitarian and matrilineal with women playing a central and sometimes primary role in the decision making of the community.

The second major linguistic grouping were the Algonquins, comprising a large number of nations from Newfoundland to Southern Ontario. Distinct from the Iroquois, the Algonquins were largely a nomadic people.

Along the banks of the Ottawa River was the Algonkin Nation. Further south were the Nipissing. East of Lake Huron were the Ottawa. The Ojibwa occupied lands around the Lake Superior region. To the north as far as James Bay and across parts of the plains were the Cree.

It was these nations, with complex self-governing societies that the European settlers and colonists first met. What were viewed through European eyes as "uncivilized people" were in fact highly organized cultures with their own laws, spirituality and methods of trade.

The history of the later impact of European contact and settlement is discussed in later parts of this report and in the appendix can be found a chronology detailing some of the events that have shaped the European interaction with the native peoples of Canada.

Current Events

The development of Council's report takes place within the broad context of a period of rapid change and expectation for Canada's native peoples.

In 1990, South African Archbishop Desmond Tutu visited some of Ontario's First Nation communities, and shockingly described conditions as "Third World". Other recent events such as the 1990 Oka conflict and the Meech Lake and Charlottetown constitutional negotiations have also served to propel native issues to the forefront of the public agenda and increased public awareness.

Canadian society is slowly recognizing some of the historical injustices suffered by native peoples. Such injustices have included the depletion of traditional native resources and the establishment of reserves and residential schools; policies of forced assimilation which deliberately denigrated indigenous cultures and associations; and ultimately the replacement of native economic self-sufficiency with welfare dependency.

Today's generation of native seniors have borne witness to many of these profound changes. Few native seniors alive today have not been influenced in some measure by the enormous impact of European culture colliding with their traditional way of life.

It must be remembered that the history of European contact and settlement takes many forms. Many native seniors still retain a strong sense of an indigenous oral history passed down through the generations. What follows is an Ojibway legend describing the arrival of the White Man:

The History of Our People

"Years on years had we peace one with another; it was a time of plenty and we were happy.

"In that day a council of the nations was held to make a universal law to govern all the tribes and lead them into a further understanding of the beauty of justice and peace. The council was held at the Isle of Gitchi-Manito in the Huron Water.

"All were gathered — 1,000 chiefs in council. At the full of the moon and in the fire-light stood Chibiabos, the Mouth of Gitchi-Manito, known of old time as the Great Council, the worker on earth of all things good. Looking slowly around the entire circle, Chibiabos raised the two fingers of peace and said: 'The Gitchi-Manito is pleased; His face is bright with the happiness of His children, the day is fair and live you still in peace and in justice rule the land. There will come in a future day a stranger among you. Remember in that day to dwell in peace and exact justice among yourselves and from the stranger. Let hospitality rule the land; all will be well and the land plentiful for all. Heed the word; do not raise the spear of war among yourselves and all will be well.

"Years passed, many years, then from the Southland came the message. The East and North also sent the message. The White Man had come — the Stranger of Gitchi-Manito's message. Few years passed and the white nations fought among themselves, — still the Indian people welcomed all with peace, hospitality and justice.

"Then Mitchi-Manito (the Spirit of Evil) soiled the nation. Our forefathers joined the White Man and took up the spear of war against each other. Gitchi-Manito, the Master of Life, had turned his face away.

"This is the history of our people. It is an old, old story. The Dawn may bring them back. Who can say?"[1]

1. Meakins, C., **Old Albert of Chemung**. Forest and Stream, Vol. XCI No. 1 January 1921, p. 6.

Definitions

For the purposes of this report the following definitions have been used:

Aboriginal Peoples, Indigenous Peoples and Native Peoples: All-encompassing terms for the original inhabitants of what is today known as Canada, including Indians, Inuit and Metis peoples.

Indian: Early European explorers used this term to describe the inhabitants of the New World. While its origins are disputed, the word Indian may have represented the misplaced discovery of the West Indies, or been a description by Columbus of a land "of God", or "in Deo". In legal terms, Indian refers to persons registered or entitled to be registered according to the **Indian Act** as amended in 1985.

Inuit: Descendants of the eight Inuit tribal groups originating in Northern Canada. In Ontario the Inuit population numbers less than three thousand.

Metis: Canadians of mixed aboriginal and non-aboriginal ancestry.

First Nation: A term used to describe Indian Bands. It is reflective of the origin and nature of these organizations.

First Nation Peoples: Members of an Indian Band residing on or off-reserve.

Band: An Indian community recognized by the Government of Canada and for its use, land and money have been set aside and held by the Government.

Reserve: Land set aside for the use of a First Nation or Band. In some cases these original tracts were substantially reduced in size as settlers demanded that the government make more land available. Often the poorest land was designated for native use.

Off-Reserve Natives: Most native people in Ontario do not live on reserves. Many live "off-reserve" in urban centres. An estimated 50,000 native people live in Metro Toronto. Prior to 1985 and the enactment of Bill C-31, native women who married non-natives lost their rights to live on-reserve. Many are now returning.

Demographics

In Council's previous reports, the term seniors referred to persons 65 years of age or older. In this report a First Nation senior is defined as someone who is 55 years of age or older. Council has adopted this definition because the life expectancy of First Nation people is approximately ten years less than that of Ontario's population generally.

Although demographic data are imprecise, it is estimated that native seniors represent only a small percentage of native people. Throughout the entire province they number between 10,000 and 12,000, the majority of whom reside in First Nation communities.

While non-native seniors in this province represent approximately 12 percent of the population, First Nation seniors who are 65 years or over represent only four to five per cent of the total native population. In some communities, particularly in the Far North, seniors over 65 may comprise only two per

cent of the total population of the community. A recent federal directory of native communities records no seniors over 65 in such First Nations as Nicickousemenecaning in the Northwest or Wahgoshig First Nation in the Sudbury area.

In comparison with the Canadian population, the native population is far younger. Statistics Canada reported in 1991 that seven per cent of the population identifying with an aboriginal group was 55 or over. In Canada as a whole, 20 per cent of the population is 55 or over.



Three generations come together as Jemima Morris, 76, of Big Trout Lake First Nation proudly poses with her granddaughter and daughter-in-law.

It is worth noting in passing that much of the data on Canada's native population is not very reliable. Historical mistrust of the federal government and its failure to define Indian, Inuit, and Metis has impeded the collection of accurate statistics. In the 1981 Canada Census, 7,000 Canadians born in India were initially counted as Status Indians. In the 1986 Census, Statistics Canada admitted that it did not count 136 First Nation communities. Statistics Canada acknowledges that in the 1991 census over 25 per cent of First Nations in Ontario were incompletely enumerated.

With these limitations, it is estimated that there are approximately one million people of aboriginal origins in Canada of whom about 240,000 live in Ontario. It is estimated that between one third and one quarter of Ontario's entire native population lives on reserves or in settlements.

What is Meant by Elders?

In many native communities it is common to hear both the term senior and elder used. The terms, however, are distinct. While most native elders are older people, the reference to elder is not necessarily tied to age. Rather an elder is one who has gained wisdom from life and who advises and educates other community members on the basis of that acquired knowledge. This wisdom may include local history, traditional legends and healing, spirituality and mythology. In many native cultures, elders are seen as a living link with the past.

Since the arrival of white settlers in Canada, the important role played by native elders has gradually been eroded by Christian missionaries, residential schools and the federal policies of assimilation. In many native communities today elders are regaining respect and recognition.

Treaties and Political Affiliations

There are 128 First Nations in the province, encompassing 197 reserves and settlements. Approximately two-thirds of these communities are located in Northern Ontario.

The majority of native lands in the province are subject to six major treaties. They are: Treaty No. 9 in the Far North (James Bay Treaty, 1905); Treaties No. 3 and No. 5 in the Northwest; the Robinson-Superior and Robinson-Huron Treaties, which apply to the land north of Lakes Superior and Huron; and a body of pre-Confederation treaties which affect Southern Ontario.

The majority of First Nations also belong to one of four political organizations which include: the Nishnawbe-Aski Nation of the Far North; Grand Council Treaty No. 3 in the Northwest, the Union of Ontario Indians in the central region; and the Association of Iroquois and Allied Indians in southern Ontario.

There are also ten independent First Nations scattered throughout the province which are not affiliated with any political organization.

Jurisdiction and Government Policy

The Government of Canada has primary legislative responsibility for First Nation communities in Ontario under Section 91 (24) of the **Canadian Constitution.** The **Indian Act** serves as the primary piece of federal legislation. Many natives believe that this legislation in effect makes them wards of the federal government.

Prior to the Second World War, the Government of Canada and the Ontario Government espoused a policy of native assimilation, attempting to solve the "Indian problem" by eradicating native cultural traditions. By the end of the war, this policy was largely in disarray. For one thing, a substantial number of native people refused to surrender their identities. The reserve system had, in addition, served to physically segregate rather than integrate native people.

In the 1950s the federal government began sharing responsibility for native people with the provinces. Ontario endorsed this new direction and by 1955 the province was delivering federally-funded social services to First Nation communities.

In the 1965 Native Welfare Agreement, the Government of Canada acknowledged its responsibility for on-reserve Status Indians and agreed to provide more than 95 percent of total service costs for Ontario's First Nations. However the federal government narrowly interprets this memorandum of agreement, often restricting the cost-sharing to four program areas — general welfare, child welfare, homemakers and child care.

In 1969 the Trudeau Government released its **White Paper on Indian Policy** which implicitly absolved the Canadian state of any responsibility for the past mistreatment of native people and recommended that all responsibility for native people be delegated to the provinces. The paper, issued by the then Native Affairs Minister Jean Chrétien, effectively urged complete native assimilation and refused to recognize so-called "group rights". As would be expected, native people objected strongly and increased their political organization and demands for better services which they would control themselves.

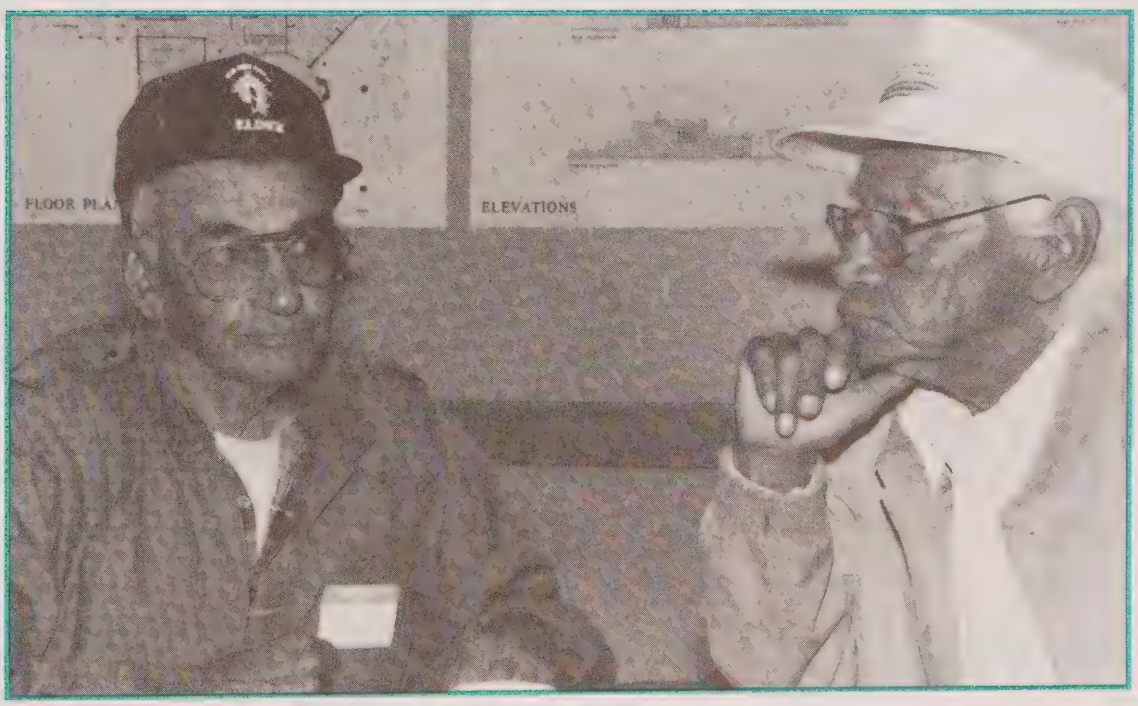
During the 1970s land claims became the primary vehicle of redress used by native people. While the number of claims in the province increased, their settlement was hindered by the Ontario Government's moratorium on litigation.

Ontario's policy has since changed dramatically. The 1985 Corporate Native Affairs Policy committed the government to the principle of support for the political, economic and social development of all First Nation communities, as well as the constitutional and legislative entrenchment of aboriginal rights.

In 1989, Ontario's **Guidelines for the Negotiation of Aboriginal Self-Government** outlined a desire to negotiate self-government with all communities in order to enable them to exercise greater control over their own affairs.

In 1990, the Government of Ontario formally recognized the inherent right of First Nations to self-government. The following year, a **Statement of Political Relationship** was signed which recognized that Ontario's First Nations have an inherent right to self-government within the Canadian Constitution.

The road to self-government for native people has been long and difficult but many First Nations have achieved a limited degree of administrative autonomy in recent years.



(Left to right) Ben Brown and Bert Yerxa, both of Couchiching First Nation near Fort Frances, take in what their fellow seniors have to say about long-term care, housing and income at the Council's consultation meeting in August of 1992.

Since the arrival of white settlers in Canada, the important role played by native elders has gradually been eroded by Christian missionaries, residential schools and the federal policies of assimilation.

First Nation Profiles



No one would mistake an Italian for a Swede or a Greek for an Englishman. Yet it is commonplace for First Nation peoples to be lumped together under the convenient term of Indian.

When Council members began the consultation process, like many Canadians they had some preconceived notions about Indian reserves. They imagined them as either dilapidated communities rife with alcoholism or wilderness settings peopled with Hollywood stereotypes.

However, Council's visit to Curve Lake First Nation north of Peterborough quickly dispelled these myths. Here was a well-organized reserve with a daycare centre, seniors' home, community centre, arena, new church, and a thriving tourist industry boasting a superb art gallery.

Council also came to realize that each First Nation is distinct and that all native people are not the same. Some speak Ojibway. Others speak Oji-Cree or Oneida. Some are Iroquoians. Some are Algonquins.

No one would mistake an Italian for a Swede or a Greek for an Englishman. Yet it is commonplace for First Nation peoples to be lumped together under the convenient term of Indian.

First Nation peoples speak different languages, have varied political affiliations, diverse aspirations, and live in parts of the province so different that their problems often demand different solutions.

Southern Ontario

Council members travelled to Curve Lake First Nation north of Peterborough and then to the Oneidas of the Thames First Nation near London to meet with seniors and service providers.

In addition, Council met in Toronto with First Nation seniors and service providers from Akwesasne First Nation near Cornwall, Algonquin Golden Lake First Nation near Renfrew and the Bay of Quinte First Nation near Kingston.

Curve Lake First Nation

Curve Lake is an 876-hectare reserve in the heart of the Kawartha Lakes. The people of Curve Lake are Eastern Ojibway, descendants of groups which once resided in the fishing villages along the north shore of Lake Huron. The reserve was established in 1923.

This First Nation is politically associated with the Union of Ontario Indians. The on-reserve population is approximately 750 including 56 seniors.

In 1967, Curve Lake took on some responsibility for recreation, housing and welfare. In 1989, the Band signed an agreement with the Government of Canada which allowed for further self-government.

The community has a health clinic, community centre, post office, day-care centre, seniors' home and an elementary school offering kindergarten. Older children are bused off the reserve for secondary schooling.

Curve Lake has a thriving tourist industry which includes a well-developed crafts industry and a popular fall pow-wow.

This community also bears the honour of having chosen, in the 1950s, Canada's first elected woman Chief, — Elsie Knott. Another Curve Lake senior, Kay Taylor, founded the Native Welfare Administrators' Association and served as its President for two decades.

Two-thirds of Curve Lake's seniors attended Council's consultation meeting. They made it clear that Curve Lake is a community which has given careful thought to the needs and aspirations of its elderly. In addition they noted that seniors were active volunteers. The services of the homemaker were noted as playing a particularly important role in the community.

For the most part, Curve Lake seniors described themselves as "very fortunate and very happy." They did, however, feel that First Nation seniors living in northern communities were often denied what they enjoyed.

Oneida of the Thames First Nation

Part of the Six Nations of the Iroquois Confederacy, the Oneidas came to Western



When Elsie Knott of Curve Lake was elected Chief of her Band in the mid-fifties she made history as Canada's first woman to hold such an elected post. Still active in her community, Mrs. Knott recently spearheaded a fund-raising drive to build a new church in her community.

Ontario in 1840 from New York State as late Loyalists.

The Oneidas are a matriarchal society with a traditional Council and a distinct language. They are politically aligned with the Association of Iroquois and Allied Indians.

The reserve has 2134 hectares, situated on the Thames River southwest of London. The on-reserve population is estimated at 1,700, which includes 99 seniors.



First Nation seniors from six communities in southwestern Ontario travelled to Oneida, south of London, to participate in Council's consultation meeting in November of 1992. Some seniors came from as far away as the Bruce Peninsula.

The community has five churches, a community hall, an arena and fairground; a fire hall; health centre; administration office; daycare centre; native language centre; alcohol and drug rehabilitation centre; a seniors' apartment building and an elementary school offering classes to Grade 6.

Council's consultation meeting held at Oneida First Nation also included seniors and service providers from the following communities in Western Ontario: Walpole Island First Nation, Mississaugas of the New Credit First Nation, Chippewas of Kettle and Stony Point First Nation, Chippewas of Sarnia First Nation, and Chippewas of Nawash First Nation.

As might be expected, the standard of services for seniors varied widely from community to community, as did the kind of concerns raised. While community services such as homemakers were available to seniors at Oneida, there seemed to be a relative lack of similar services in other communities. In addition, there was an obvious disparity in the extent to which different communities were aware of and utilizing both federal and provincial government programs.

Concerns were expressed about the changing role of native seniors. In particular, concerns related to loneliness, isolation, and a perceived lack of group activities. Both diabetes and pension income were common and serious concerns. So were basic issues relating to housing and the cost of home heating and insulation. Overall, there was a strong consensus that seniors would be happier and healthier if they were both more active and felt more useful.

Eastern Ontario

Akwesasne Mohawk Territory

The Akwesasne Mohawk Territory occupies 8,900 hectares with a resident population of 9,000. Not only is it one of the largest First Nation in Ontario, it is the only one involving five jurisdictions.

The largest portion of the territory is on the south side of the St. Lawrence River across from Cornwall; this part of the land is in the United States and Quebec. The territory also includes Cornwall Island which involves the Government of Canada and the Province of Ontario.

This territory is the traditional land of the St. Lawrence Iroquois. After the War of 1812, the lands were divided by Canadian and American interests.

The Mohawks of Akwesasne operate independently and do not belong to any of the major native political organizations. In the territory itself, there are three governing bodies including the Mohawk Council of Akwesasne.

In many respects this is one of the most developed native communities in the province. It has a variety of light manufacturing enterprises as well as office, retail, resource and tourism-based businesses. There are four elementary schools operated by the Mohawk Board of Education as well as the traditional Akwesasne Freedom School.

By the end of 1993, the community expects to have 15 different health and social development programs in operation with 168 staff members.

Seniors are served by a new medical centre, a health clinic, a senior citizen community centre and a home for the elderly. There are also community nurses, community health representatives, home support workers, homemakers and ambulance personnel. A chronic care facility is soon to open.

As a measure of its independent voice, the community supports two native newspapers, a newsletter and a community radio station. About one-third of the residents speaks Mohawk as a first language.

In February, 1993, Council met with seniors and representatives of Akwesasne in Toronto. Council was told how the native tradition of caring for the elderly within the extended family has declined in modern times.

While it was plain that the seniors of Akwesasne are well served, there was emphasis placed on the long-term needs of seniors for transportation, language sensitivity in programming, home repair and local determination in program development.

Mohawks of the Bay of Quinte (Tyendinaga)

The Mohawks of the Bay of Quinte First Nation has 7,274 hectares stretching along the Bay of Quinte between Belleville and Kingston. About 550 seniors aged 55 and over live in the community of approximately 2,000. This is the fourth-largest First Nation in the province.

In 1793, at the command of King George III, Lieutenant-Governor John Graves Simcoe royally deeded 92,600 acres (37,503 hectares), the entire township of Tyendinaga. This land was to compensate the Mohawks for the loss of their homeland and for their military support in the American Revolution.



Seniors, service providers and band officials from Eastern Ontario First Nations and Manitoulin Island attended Council's consultation meeting in Toronto in February of 1993. (From left to right) Mark Manitowabi, nursing home manager for Wikwemikong Unceded First Nation on Manitoulin Island, seniors Helen Spencer and 96-year-old Eva Maracle, and Band Councillor Don Maracle, all of the Bay of Quinte First Nation.

Over the next seven decades, land was surrendered on nine separate occasion. Eight thousand acres of land was seized to make provision for clergy reserves as required by the **Constitution Act of 1791**. Today only 17,000 acres is still held by the community.

The community is developing an economic base and some of its labour force is employed in the manufacturing and marketing of computers through the First Nations Technical Institute. The institute runs courses in welfare administration, computer software and flying.

There are a few privately owned and operated dairy and beef farms and a printing company on the reserve. The community also has an industrial park with a small airport. Most of the labour force works off-reserve in a variety of trades and professions.

Seniors in the community are supported by homemakers, home support workers, community health representatives and two community health nurses. While there is a 25-unit seniors' apartment complex, a major concern of the community is the lack of a nursing home.

Council met with a number of representatives from the Bay of Quinte First Nation including a Band councillor, a community nurse, the home support co-ordinator and two seniors, one of whom was 96 years of age.

Council heard a range of concerns including: the loss of culture resulting from federal government assimilation policies, the need for additional care and services for diabetics, additional medical transportation, and the need for a communal drinking water and sewerage system. In addition, Band Councillor Don Maracle commented upon the lack of accessibility for people with disabilities and showed a video which demonstrated the condition of a number of seniors' houses in the community.

Algonquin Golden Lake First Nation

Located just south of Pembroke, the Algonquin Golden Lake First Nation is a small rural reserve with a total on-reserve population of approximately 500 including 35 seniors.

The community traces its heritage back to the departure of the Algonquins from the Ottawa Valley in 1650. The Golden Lake reserve was established by the Ontario Government in 1873, and confirmed by the Williams Treaties of 1923.

This First Nation is largely English-speaking and is affiliated with the Union of Ontario Indians.

At a meeting in Toronto, Council heard from the reserve's home support program coordinator, a worker from a seniors' group home and a native elder. Concerns focused on the need for medical transportation, a nursing home, foot care, diabetic counselling, and a place for seniors to gather.

The North

In the summer of 1992, Council's executive flew into Big Trout Lake First Nation and Wapekeka First Nation in the Far North in order to meet with seniors. Council members also visited Couchiching First Nation in the Northwest of the province.

In February of 1993, Council met in Toronto with representatives of Wikwemikong Unceded First Nation on Manitoulin Island.

Big Trout Lake First Nation

Situated in the watershed of Hudson Bay, Big Trout Lake First Nation encompasses almost 30,000 hectares of land. Only Fort Severn and Weenusk are more northerly.

The people of Big Trout belong to the Nishnawbe-Aski Nation and are descendants of both Cree and Ojibway peoples who first occupied this land as nomadic fishermen and hunters. In 1845, a Hudson Bay trading post was established in this area and natives of the region became increasingly reliant on the commercial fur trade.

In the 1950s Big Trout Lake began to change. From being a summer campground for fishermen and hunters, it developed into a permanent community with the construction of a school, nursing station, store and Band offices.



Situated 400 miles north of Thunder Bay, the community of Big Trout Lake has some unpaved streets but no roads linking it with other communities. Big Trout has a small airport and during the summer months float planes land on the lake.

Big Trout Lake reserve was created in 1970, one of three reserves assigned to the Band. Big Trout Lake's on-reserve population is approximately 850 people, including 46 seniors.

The community has an elementary and a junior high school. In order to complete secondary school, students have to board in Sioux Lookout. There are three churches in Big Trout Lake, a community centre, two retail stores, one being a native co-operative; motel and restaurant; weather station, nursing station; police station, airport and seniors' apartment building.

In August, 1992, the Band received a grant from the Ontario Ministry of Citizenship to assist in the development of a small business centre.

The community appears underdeveloped and underserviced. Roads are unpaved and often in poor repair. Residential properties are in various states of disrepair and disorder. The poor construction and the lack of insulation seem to render the homes unsuitable for the harsh conditions of a Canadian winter.

In private homes there is no running water or plumbing. Water is hauled from common wells or the lake. Outdoor toilets are the rule. Only the public buildings have water pressure systems. The homes do not have central heating but rely on oil or wood stoves.

Seniors in Big Trout Lake, who live in their own homes, face extremely high energy costs. Winters are very cold and last seven to eight months. To heat their homes, seniors who aren't able to cut their own wood buy up to ten cords per season. With no running water in the homes, it is also necessary to pay for water to be hauled.

The foremost concern of seniors of Big Trout Lake First Nation was income. Strong concerns were also expressed about being "sent out of the community" in the event of illness or for long-term care.

Residents of the seniors' apartment building at Big Trout Lake spoke of high transportation costs — $14 return fare by taxi to the reserve's food stores. All agreed that the level of intergenerational support and respect for seniors had declined and that a new ethos of "money talks" had taken hold.

Youth Suicide

The tragedy of native suicide was highlighted in 1993 by events at the community of Davis Inlet in Labrador. Sadly, the problem of native suicide is not just a problem for Davis Inlet. Within the first three months of 1993, 11 suicides took place in native communities in Northern Ontario; the vast majority of these tragic deaths were of people under 25 years of age. In addition, there have been numerous attempted suicides. Across the country, native suicides in the age group 17 to 24 years of age are estimated to be between six and seven times the national average. In an attempt to investigate the root cause of the Northern Ontario suicides, the Nishnawbe-Aski Nation has launched a youth forum which is to travel to communities across the North to listen to young people in an attempt to develop some proposals to halt the cycle. The forum has been funded in part by the Ontario Ministry of Health.

Stark Contrast

In some ways, Big Trout First Nation and Wapekeka First Nation are communities of stark contrast. In a land blessed with forests, the communities themselves are surprisingly treeless. In a land of remarkable space, overcrowding in homes is common. While the overall quality of housing is consistently substandard, the local school is often the most impressive building in the community with plumbing and running water. In a land once plentiful with game, frozen and processed meat flown in from the South are now staples.

Wapekeka First Nation

The people of Wapekeka were once part of the Big Trout Lake community. During winter months, Wapekeka was used by native trappers. During the summer months, residents at Wapekeka used to migrate to Big Trout Lake. In 1975, the community received Band status and two reserves. On August 28, 1981, the Angling Lake Band formally changed its name to Wapekeka.

Wapekeka First Nation has 5,631 hectares of land and belongs to the Nishnawbe-Aski Nation. Located on Angling Lake just southeast of Big Trout Lake, the community has an on-reserve population of approximately 250, including 10 seniors.

The community has a small corner store, unpaved roads and substandard housing. Only the community's new elementary school has its own water pressure and sewage lagoon system. To attend secondary school, students have to leave the community.

There is also no nursing station in Wapekeka, only a rudimentary health post staffed by a community health representative. For medical care, members of the community have to be flown first to Big Trout Lake and then to Sioux Lookout. It is the same story for seniors who require long-term care.



Even more isolated than Big Trout Lake is Wapekeka First Nation, a small native community about 15 minutes by air to the southeast. The only way in or out of the community for most of the year is by plane. During the cold months winter roads connect Wapekeka to neighbouring Sandy Bank Lake and Weir Lake.

In a one-day consultation meeting, attended by all the seniors of Wapekeka, Council was told how the purchase of basic necessities quickly consumed their monthly pension cheques.

The seniors were very pleased with the local home support program. They also asked for long-term care and medical facilities to be located closer to their home communities.



Raymond "Duke" Bruyere, a senior from Couchiching First Nation, shares a joke with Dr. Bill Arnup, Council's Vice-Chairman. Earlier in the day, Mr. Bruyere told the Couchiching consultation meeting how diabetes was the modern-day scourge of native people.

Several seniors expressed some disillusionment about their place in society.

Couchiching First Nation

Perched on the banks of the Rainy River in the Northwest, Couchiching First Nation is a picturesque community — mowed lawns, well maintained houses and a baseball diamond full of cheering children. It also has new band offices with a large meeting hall, a seniors' apartment building, a church, a general store, fire hall, and a drug and alcohol treatment centre.

As a community with direct links to the neighbouring town of Fort Frances, the seniors of Couchiching have access to a wide range of services. The central part of Couchiching is served by urban sewer and water systems. There is also a daily bus service into town.

An Ojibway community, Couchiching has 6,422 hectares of land and is politically affiliated with Grand Council Treaty No. 3. Its on-reserve population is approximately 500, of whom only 20 are seniors.

The native people of this area trace their origins back to 7000 B.C. Just west of Couchiching First Nation are native burial mounds forming part of the largest prehistoric structure in Canada.

With the arrival of the French fur traders, the natives of this area established strong ties with the Northwest Company and then with the Hudson's Bay Company. Threats to traditional ways arrived at the end of the 19th century with the completion of the Canadian Pacific Railway, the construction of sawmills and the damming of Rainy River.

In the Northwest, Council's first day of meetings was attended mainly by seniors from the host community of Couchiching First Nation and Rainy River First Nation which is just west of Fort Frances.

Seniors from Lac La Croix, Ojibways of Onegaming, Naicatchewenin and Big Grassy First Nations participated in the second day of meetings. Over the two days more than 50 seniors took part.

Seniors from bands in the Fort Frances area — namely Couchiching and Rainy River — identified health care and income as key concerns. A number agreed that Old Age Security and supplements allowed only a meagre existence.

As in other native communities, the seniors voiced their objections to "being sent out" to Winnipeg or Thunder Bay for long-term care or specialized medical treatment.

While there was obvious satisfaction with Couchiching's seniors' apartment building and the bus service into the town, concern was expressed that the Homemaker Program provided too few hours of help per week.

There seemed to be a high level of frustration among the seniors on account of a lack of organized activities in their communities and a sense that the Bands were overlooking their need for information and recreation.

It was at this meeting that native seniors spoke openly of the discrimination they had experienced.

The four regional communities attending the consultation had their own set of concerns, many of which were similar to those heard in the Far North by Council. Income was the most pressing. For many of these seniors, the cost of basic services such as wood, gasoline, transportation and food were considered excessive in relation to their pensions.

The five seniors who came to the meeting from the remote community of Lac La Croix explained how their pension cheques were quickly used up by the high cost of basic items.

The seniors also emphasized how difficult and how costly it was to get health care. Without a nursing station, Lac La Croix residents are flown out to the hospital in Atikokan or Fort Frances when they become ill.

An equally important issue for many of the seniors of the region was the lack of long-term care.

Wikwemikong Unceded First Nation

Wikwemikong is a large rural community with 46,702 hectares. It is one of six native communities on Manitoulin Island in Georgian Bay. Wikwemikong's population is estimated at 4,900 people of whom half speak Ojibway as their first language. Politically the community is affiliated with the Union of Ontario Indians.

In 1862, the Band refused to sign Treaty 94, known as the Manitoulin Island Treaty, arguing that they had never surrendered their lands to the Government of Canada. The Band includes the term unceded in its name.

There are 173 seniors over the age of 65 living in the community. They are provided with some support services such as transportation and Meals on Wheels, as well as a nursing home and senior drop-in centre. The community also has a community hall, library, health clinic and arena.

Chief Eugene Manitowabi was among those who came to Toronto to meet with Council. Major concerns centred on the need for more services in the area of home support, foot care, and diabetes; jurisdictional problems with the various levels of government; and the shortage of seniors' apartments.

First Nation Questionnaire



Overall, the responses paint a harrowing picture of the lives of Ontario's First Nation seniors.

In the summer of 1992, Council sent a questionnaire to 116 First Nation communities in Ontario seeking comment on seven issues affecting senior citizens. Those issues were: income, health care, housing, social services, long-term care, elder abuse and quality of life.

Sixty-nine communities completed the questionnaire for a remarkable response rate of 60 per cent. Chiefs, social service administrators, health directors, welfare administrators, community health representatives, and economic development officers all provided information to this project.

Overall, the responses paint a harrowing picture of the lives of Ontario's First Nation seniors. Reportedly, many endure an insufficient level of income to meet basic needs, a standard of health care well below the Ontario norm, a severe shortage of community long-term care, and housing often inadequate to meet the demands of Canadian weather.

With few exceptions, native seniors also have access to only a limited and inconsistent level of social services. Abuse of the elderly seems to be largely unreported and unattended.

It is little wonder then that the majority of those who completed the survey described the quality of life for their elderly as "unsatisfactory".

Responses to the questionnaire confirmed and reinforced what native seniors told Council during its consultation meetings.

The chapters which follow present a thorough discussion of the key issues affecting seniors as identified through the questionnaire and during Council's meetings.

The appendix of this report contains the questionnaire, which was made available in both English and Oji-Cree.


ONTARIO
To identify these communities please refer to the opposite page.
5
63
27
2
22
40
28
69
43
31
52
19
8
14
58
24
42
64
57
20
61
54
26
16
62
44
50
51
32
66
6
4
41
7
53
55
29
21
65
45
68
46
23
18
60
33
56
59
67
25
30
49
39
38
36
10
11
15
13
37
3
1
47
34
9
35
12
48
17

First Nations Responding to Council's Questionnaire

1. Alderville First Nation
2. Attawapiskat First Nation
3. Beausoleil First Nation
4. Big Grassy First Nation
5. Big Trout Lake First Nation
6. Big Island First Nation
7. Brunswick House First Nation
8. Cat Lake First Nation
9. Chippewas of Kettle & Stony Point First Nation
10. Chippewas of Nawash First Nation
11. Chippewas of Rama First Nation
12. Chippewas of Sarnia First Nation
13. Chippewas of Saugeen First Nation
14. Constance Lake First Nation
15. Curve Lake First Nation
16. Dalles First Nation
17. Delaware of the Thames First Nation
18. Dokis # 9 First Nation
19. Eabamatoong First Nation
20. Eagle Lake First Nation
21. Fort William First Nation
22. Fort Albany First Nation
23. Garden River First Nation
24. Ginoogaming First Nation
25. Henvey Inlet First Nation
26. Hornepayne First Nation
27. Kasabonika Lake First Nation
28. Kingfisher Lake First Nation
29. Lac La Croix First Nation
30. Magnetawan First Nation
31. Marten Falls First Nation
32. Mattagami First Nation
33. Mississauga #8 First Nation
34. Mississaugas of Scugog First Nation
35. Mississaugas of the New Credit First Nation
36. Mohawks of Akwesasne First Nation
37. Mohawks of the Bay of Quinte
38. Mohawks of Gibson First Nation
39. Moose Deer Point First Nation
40. Moose Factory First Nation
41. Naicatchewenin First Nation
42. New Post First Nation
43. North Caribou Lake Band
44. Ojibways of Onegaming First Nation
45. Ojibways of Sucker Creek First Nation
46. Ojibways of Batchewana First Nation
47. Ojibways of Hiawatha First Nation
48. Oneidas of the Thames First Nation
49. Parry Island First Nation
50. Pays Plat First Nation
51. Pic Mobert First Nation
52. Poplar Hill First Nation
53. Rainy River First Nation
54. Rocky Bay First Nation
55. Seine River First Nation
56. Serpent River First Nation
57. Shoal Lake #39 First Nation
58. Shoal Lake #40 First Nation
59. Spanish River Nation
60. Thessalon First Nation
61. Wabigoon Lake Ojibway Nation
62. Wahgoshig First Nation
63. Wapekeka First Nation
64. Washagamis Bay First Nation
65. West Bay First Nation
66. Whitefish Bay First Nation
67. Whitefish River First Nation
68. Wikwemikong First Nation
69. Wunnumin Lake First Nation



Council's questionnaire was sent to 116 First Nations with a 60 per cent response rate. It was available in English and Oji-Cree, as above.

Issues

INCOME



"Most seniors here are living below the poverty line. Just try to live on the Old Age Pension . . . If that was all I had, I would be dead long ago." — Clarence McCue, President of the Curve Lake Seniors' Club.

Poverty is a fact of life for many First Nation seniors.

Their daily challenge is to stretch their pension cheques far enough to meet needs as basic as food, home heating, and repair, and transportation.

During consultation meetings and in half the questionnaire responses, inadequate income was identified as the most critical issue facing native seniors.

While little reliable income data is available on native seniors, it would seem that a substantial majority rely on government pensions and supplements as their sole source of income.[2] The figure most used as a poverty line, or Statistics Canada's low income cut-off for 1991, was $10,179 for a single person in a rural community and $12,829 for a single person in a medium urban centre. On this basis alone, even those seniors who are obtaining all available supplements and live in a rural area are likely existing only slightly above the poverty line. The reality is that many and probably the majority of native seniors are actually living at or below the poverty line.

Only a small minority of seniors told Council that they had pensions from employment or received some financial help from their families. Long-term investments in land or savings plans are not common. Unlike the over 70 per cent of Canadians whose sense of financial security comes from owning their own home, native seniors living on-reserve cannot, under the provisions of the **Indian Act,** mortgage or sell their property on the open market.

With the destruction of their traditional way of life and the establishment of reserves, First Nation people were afforded few opportunities by the white society to join the labour force. In those sectors where large numbers of native people did gain entry, such as construction, pension plans were often rare. In the face of a history of systemic exclusion, many native people approach old age without corporate pensions or savings.

2. Old Age Security plus the federal and Ontario supplements totalled $909 per month in March, 1993.

Where is the Improvement?

In 1992, the National Council on Welfare stated that poverty rates for Canadian seniors declined by almost half in the past decade. Pointing to "tremendous improvements" in pension plans, increasing numbers collecting Canada and Quebec Pension Plan payments and the rise in occupational pensions, the report cited seniors as a group that was to some extent countering rising poverty rates. While the overall financial position of Canadian seniors may have improved, the financial position of native seniors by and large has not. Their lack of access to corporate and occupational pension plans has meant that few have benefited from improvements to such schemes.

During Council's consultation meetings, seniors themselves vividly detailed their personal financial circumstances. At Big Trout Lake First Nation in the Far North, a senior spoke of the hardship of getting by on a fixed income: "My husband's on a dialysis machine. I have to pay $325 rent on the house. Hydro is $138 a month. We have telephone and groceries — a special diet, and I had to buy wood to heat the house . . . Sometimes there is nothing left for groceries and I run out of the special food for my husband."

In the Far North, seniors again and again mentioned the high cost of food which reflects the high cost of northern transportation.

Selected food prices at the Northern Food Store in Big Trout Lake and a Toronto supermarket during the summer of 1992 were as follows:

	Big Trout	Toronto
One litre 2 % milk	$ 2.94	$ 1.89
One doz. medium eggs	2.45	1.39
Green grapes	6.09	4.39/kg
Rice Krispies (575g)	5.89	4.29
Ground beef	6.99/kg.	5.05/kg



There are only two stores in Big Trout Lake, Northern Food Store and the Co- op, a native co-operative. Groceries and dry goods sold by the two stores have to be flown in.

Because so many reserves are rural with few shopping facilities and no public transportation, many native seniors are forced to take taxis just to get to a grocery store. A senior from Rainy River First Nation said, "I pay $96 for a return taxi ride to Fort Frances for grocery shopping." While few seniors on reserves would pay close to $100 for a round-trip, many regularly spend a substantial proportion of their fixed income simply to get to stores and services.

Seniors from Lac La Croix First Nation in the Northwest noted high energy costs, including up to $190 per month for electricity exclusive of heat. Another senior at Big Trout Lake First Nation said in a winter he burned up to 10 cords of wood at a cost of $150 a cord. (In Big Trout the temperature sometimes drops to minus 60°C.) Concerns over very high heating costs and inadequate home insulation were widely expressed by First Nation seniors living in the North.

To save money some seniors try to cut their own wood. "What happens when they can't cut firewood any more?" asked Chief Earl Commanda of Serpent River First Nation on the north shore of Lake Huron.

A number of native seniors asked Council to encourage the Government of Canada and the Ontario Government to increase Old Age Security and supplements. Daniel Cutfeet, a senior at Big Trout Lake First Nation, told Council that for a decent living he would need $1000 a month. (In March, 1993, Old Age Security plus the federal supplement (GIS) and the provincial supplement (GAINS) together totalled $909 per month.)

Some questionnaires suggested a northern supplement to Old Age Security to help offset some of the costs.

Bonnie Cole, who manages the native nursing home at Akwesasne First Nation near Cornwall, noted that some seniors are not aware of federal and provincial income supplements such as GIS and GAINS. This lack of knowledge appears to be a fairly common problem.



Bonnie Cole of Akwesasne First Nation.

The questionnaire, more than the consultation meetings, highlighted the tendency of seniors to do without in order to help family members experiencing financial difficulties. In small communities with high unemployment the financial demands put on seniors by family and friends can sometimes be severe.

The Figures of Poverty

Statistics Canada reports that almost one-third of native people over the age of 15 have annual incomes of less than $3,000.

Unemployment rates are staggering, varying anywhere from 40 to 90 per cent on reserves. In 1985 almost half of all First Nation people living on reserves reported government assistance as their major source of income.

This level of reliance appears to be growing.

In the May, 1992, **First Nations' Project Team Report** — reported an average Ontario First Nations social assistance dependency rate for General Welfare Assistance and Family Benefits Allowance of 32 per cent. In some First Nations over 90 per cent of residents rely on social assistance.

Recommendations

In recognition of the inadequate income of First Nation seniors, especially those living in the North, Council recommends:

- Major reform of the federal government's Guaranteed Income Supplement (GIS) including:
  - That Health and Welfare Canada and the Revenue Canada work together to devise a system whereby the GIS would be based on income tax returns and automatically added to Old Age Security for those seniors in financial need.
  - That Revenue Canada train and fund Band representatives who would be responsible for ensuring that seniors in each community completed income tax returns and therefore become automatically eligible for both GIS and the Ontario Government's Guaranteed Annual Income Supplement (GAINS).
  - That Health and Welfare Canada increase the GIS for all Canadian seniors who live in northern or isolated communities and that it be indexed to the cost of living in the North.
- That the Ontario Ministry of Revenue increase its Guaranteed Annual Income Supplement (GAINS) for all Ontarian seniors who live in northern or isolated communities and that it be indexed to cost of living in the North.
- That the Government of Canada improve funding for the northern transportation policy to help subsidize the cost of food flown into northern communities.



Eva Sainnawap (on the right) of Big Trout Lake welcomed Council members to the seniors' apartments where she lives. Although the building is located some distance from stores and services, it does have central heating, indoor plumbing and running water, freeing seniors from the burden of carrying water and cutting wood.

HEALTH



"The Indians in general exceed the middling stature of the European; are straight and well-made people; large-boned but not corpulent. Their constitution is strong and healthy. Their disorders few." — Journal of a Hudson Bay Fur Trader, 1767.[3]

State of Health

In 1993, native people have the poorest health of any group in this province.

They die earlier than other Ontarians and face more illness during their lifetime.

Data from Indian and Northern Affairs Canada on the life expectancy of Status Indians at birth indicates that on average native people can expect to die ten years earlier than other Canadians.

An average native male will likely die a matter of months after becoming a senior; a native woman can expect to live to her 67th birthday.

Couchiching Senior Helen Hunter reflected poignantly on the premature deaths of her people: "Natives used to live longer; some to 100. Now there are very few old people on our reserve." (Indian and Northern Affairs Canada's directory of native communities in Ontario does, indeed, reveal that some native communities have no recorded population over 65 years of age.)

The gap between the average national life expectancy and that of Status Indians has not changed substantially in over 20 years. Mortality rates tell a similar story. A variety of sources report significantly higher mortality rates for both native men and women across all age groups, including seniors. The infant mortality rate among native people in Canada in 1986 was 17.5 per 1,000 live births compared to 7.9 per 1,000 births for Canada as a whole.

Historical Perspective

Anthropologists confirm that the early ancestors of today's native seniors were relatively healthy people, even in old age. The primary threat to life came from the perils of weather and nature.

3. Quoted in G. York, **The Dispossessed**, 1992.

During colonization in the 17th and 18th centuries, native people were exposed to new varieties of viruses, bacteria, infections and diseases against which they had no resistance and no remedy. Substantial declines in native populations were experienced across the Western Hemisphere, including present day Ontario. It is estimated that in the 300 years following the first contact with settlers about 150,000 native people in Canada died from imported diseases. In this period the native population fell by almost 50 per cent; in some cases entire communities perished.

Flu and smallpox epidemics at the beginning of this century killed thousands of native people. It was not until the 1930s that the population of native communities in Canada began to increase. Indeed, it was not until the 1970s that the native population in Canada reached the levels that had existed prior to colonization.

Council is of the view that loss of the traditional native ways of life and the imposition of the reserve system are themselves the root cause of many of the health issues facing aboriginal peoples today. This being said, Council also contends that First Nation health care concerns cannot be separated from the other realities of native life — namely poor housing, poverty, unemployment and lack of basic services.

Current Health Status

Diabetes

Nowadays, the most serious health problem facing native seniors is unquestionably diabetes. Estimates are that it affects close to 40 per cent of all First Nation adults over the age of 45 in Ontario — ten times the national average.

Council considers the impact of diabetes on First Nation seniors to be so devastating and the response to the problem so inadequate that an entire section of this chapter has been devoted to an examination of the problem.

Tuberculosis

Diseases such as tuberculosis were first introduced into Ontario's Far North on a significant scale by Hudson Bay employees and fur traders. During the 1940s and 1950s, the disease once again reached epidemic proportions with some 2,000 reported cases of tuberculosis among native people in 1955 alone, and this figure likely under-represents the actual incidence.

Even today, tuberculosis remains a threat. While the rate of infection declined dramatically in the 1960s and 1970s it rose 21 percent in 1989. It now stands at approximately 81 cases per 100,000 — a rate comparable to that found in Third World countries such as Tanzania. In the rest of Canada and, indeed, in most of the industrialized world tuberculosis has been almost entirely eradicated.

Alcoholism

Alcoholism is a relatively new problem for First Nations. Introduced initially to native communities by early fur traders and settlers, it only really became widespread in the 1940s and 1950s. The extent of the problem today is undeniable. Alcoholism has developed into the single most destructive social and health issue for many native communities. In some communities, the problem touches all age groups. Native author Brian Maracle estimates that as many as one in three native

adults living on-reserve are alcohol-dependent at some stage in his or her life. The reasons for the high rates of alcohol abuse are directly connected to the current and past economic and social conditions that exist in many First Nations. Cultural disenfranchisement, racism and despair are also seen by many as playing a significant role in high rates of alcohol abuse in native communities.

While the alcoholism was only rarely mentioned during the consultation meetings, a few questionnaires noted a reluctance by seniors to seek treatment for the problem.

Other Conditions

First Nation seniors face a greater frequency of circulatory, respiratory and other conditions and illnesses often associated with aging such as arthritis, asthma, angina and hypertension.

Many seniors themselves spoke of particular needs in foot care, dietary counselling, dental services, eye and ear care. Some outlined a need for emotional and mental health counselling as a consequence of loneliness, abuse or family separation.

Diabetes

"Yes" the stranger said, "I am an old enemy of the human race. But I am not unbeatable once my name is said." "And what is your name?" Nanabush asked as he stood up and stared at the Pale One. "I am called Diabetes" said the Pale Stranger, an awesome frightening figure, a figure of impending illness.[4]

For Canada's First Nation people diabetes has become a very real threat.

The fact is that few First Nation families are exempt from the modern day epidemic of diabetes. Raymond Bruyere, an elder at Couchiching First Nation, told Council how this disorder had almost wiped out his entire family. "My brothers and two sisters have succumbed. My grandmother and mother had it too."

What Mr. Bruyere did not relate to Council were the severe complications which can develop from diabetes — heart disease, strokes, kidney failure and loss of feeling in the legs and the feet. Since diabetes also hinders the healing process small sores or cuts can become gangrenous, resulting in amputation.

Eyes can also suffer permanent damage from the disease. In fact, diabetes is the leading cause of blindness among North American adults.

While diabetes is a relatively rare disorder in the Canadian population at large — affecting under five per cent — it has reached epidemic proportions in the native community where the incidence in some age groups may be as high as ten times the national average. Fifty years ago, diabetes was largely unknown in these same communities.

Estimates are that in Southern Ontario today between 40 and 50 per cent of native people over 45 have diabetes. In Northern Ontario, diabetes affects between 25 and 35 per cent of the same age group.

Diabetes represents the single largest health concern of First Nation seniors. It was mentioned consistently during all Council's consultation meetings and on the questionnaire responses.

4. From **Nanabush and the Pale Stranger**, an old Ojibway tale revised by John McLeod of Anishnawbe Health Centre, Toronto.

What Is It?

Diabetes is a complex condition which prevents the body from properly utilizing food for energy. There are two types of diabetes, known as Type I (insulin dependent diabetes mellitus) and Type II (non-insulin dependent diabetes mellitus). Affecting mostly children and young people, Type I is sometimes referred to as juvenile diabetes. A small percentage of all those affected by diabetes are Type I. They are entirely dependent upon insulin injections or tablets for survival.

Type II (non-insulin dependent diabetes mellitus) is by far the most prevalent form of diabetes. Persons affected by Type II are often producing insufficient levels of insulin and therefore diet plans, diabetic pills or injections are required to keep blood glucose at a normal level. Type II diabetes was previously known as mature onset diabetes.

While diabetes used to be solely associated with older native people, Council heard from native leaders such as Chief Al Day of Oneida of the Thames First Nation that children as young as six years old were now being identified as Type II diabetics. This is a serious problem as there is a high likelihood that children may not be screened for Type II before complications set in. It should be noted that Type II diabetes is extremely rare among non-native children.

"Every time a person enters our clinic we always assume he has some form of diabetes," remarked Ron Wakegijig, a community health worker in Wikwemikong Unceded First Nation on Manitoulin Island. The mortality figures reveal that this concern is not misplaced. In 1981, the death rate from diabetes amongst First Nation women was four times that of non-native women — but this is only part of the story. The same report published in the Canadian Journal of Public Health details a quadruple incidence of kidney failure among native women, a problem closely, though not exclusively, linked to diabetes.



Ron Wakegijig of Wikwemikong Unceded First Nation.

When deaths resulting from diabetic complications and from undiagnosed diabetes are taken into account the true mortality rate from the disease would undoubtedly climb.

In the past decade, diabetes rates have increased considerably in virtually all sectors of the native population. Evidence suggests that the high concentrations of diabetes in southern First Nations are now beginning to be replicated in the North and Far North of the province.

Causes of Diabetes

High diabetes rates among colonized aboriginal peoples are not unique to Canada but exist among the native populations of the United States, Australia, New Zealand and Hawaii. Specialists offer slightly different explanations of the factors contributing to native diabetes. There is widespread agreement that the most significant factor is the rapid change in the native diet. There is considerable debate regarding the other factors contributing to native diabetes. Those factors are discussed here but not in any order of priority.

Rapid Change in Diet

With colonization came the collapse of the native hunting and farming economy. For the vast majority of native peoples, their diets were radically transformed from a reliance on fresh food and wild game to processed foods and domestic meat, often high in simple carbohydrates and fats. In Europe such changes in diet evolved over one or two centuries. In First Nations this took place over one or two lifetimes.

The policies of the Canadian government and other institutions also alienated native people from their traditional ways of life. For generations children were taught, for example, to view their native foods as "inferior," "dirty" and "savage." One native woman recalls how she was reprimanded at a residential school for gathering traditional food: "They took our food and threw it out. I thought it must be bad. And yet that was what we had always eaten."[5]

Super-Efficient Systems

What also changed dramatically for native communities was the availability of food. Before white settlement, native people had adapted to periods of famine through fasting. Many scientists now theorize that over thousands of years the native metabolism may have developed an enhanced ability to store food energy as fat. With food now plentiful year-round and the practice of fasting in decline, the "super-efficient" native metabolism may be the leading factor in the prevalence of obesity among native peoples. And obesity is well-recognized as a significant contributor to diabetes. What may have evolved as a survival mechanism could now be a factor in the destruction caused by diabetes.

5. Quoted in G. York, **The Dispossessed**, Little Brown, 1992, p.34.

Genetic Susceptibility

The least understood of contributing factors to native diabetes may be genetic susceptibility. It is widely believed that a propensity to develop diabetes may be passed on from one generation to the next. Within native populations there seems to be significant evidence of this correlation. However, the genetic aspects of diabetes can not be viewed in isolation but must be seen in the context of the other factors such as diet and stress.

Activity Levels

Many native people are unable to hunt and fish as they once did in the past. Most no longer farm or gather wood. Automobiles have increased mobility but resulted in less and less walking. As a result many native people live quite sedentary life-styles with limited physical activity and have become affected with obesity. Obesity is a leading factor contributing to the development of Type II diabetes.

Stress

Other factors in the diabetes equation are stress and hypertension, believed by many medical experts to have the effect of speeding up or even triggering the onset of diabetes. Stress and hypertension have often been documented in so-called minority communities that have become economically and culturally marginalized by the dominant society. In Canada, the reserve system relegated native people to the sidelines, to existences marked by poverty, cultural isolation and social turmoil. High stress levels have been an inevitable result.

Genetic Isolation

Native people contend, and rightfully so, that diabetes is a new foe directly related to colonization. There is some speculation that the native susceptibility to diabetes may also be linked to the reserve system which isolates native communities from each other and from the broader society. Traditionally, many native communities were nomadic and inter-marriage among neighbouring tribes was common. The reserve system substantially reduced the interaction between communities and in doing so may have increased the long-term likelihood of inheriting a diabetic susceptibility.

The picture appears bleak, but diabetes can be beaten. People with diabetes can and do live long and healthy lives. The key to living with diabetes is knowledge. According to the Canadian Diabetes Association, as many as half of those with diabetes do not know they have it. Although there are common warning signs of diabetes, namely excessive thirst, weight loss, and numbness in the feet, some experts have noted that these initial signs may be absent or late developing among many native people with diabetes.

Once diabetes is diagnosed, particularly Type II, it can be controlled through diet, increased activity, and where necessary medical prescription of insulin. Regular check ups to monitor blood glucose levels, weight, blood pressure and the condition of the eyes and feet are also important. People affected by diabetes must show great personal effort and discipline, often making difficult lifestyle changes in order to prevent the possible complications of this disease. On-going support from family and community can be vital in this process. Successful management also demands an understanding of nutrition, medication, and stress management.

A number of First Nation organizations have attempted to educate their communities about diabetes. Such attempts have faced considerable odds. Many native seniors have difficulty understanding medical instructions. Living in remote communities and on a fixed income, native seniors may have neither the access to, nor the income for, a proper diet.

The challenge of diabetes is often compounded by an absence of on-reserve assistance. A case in point: community health representatives (CHRs) are the only health care workers on many reserves. For the most part they lack the time, training and resources to adequately counsel diabetics.

In addition CHRs are allocated only $1,000 per year per community for health education projects such as diabetes workshops. There few educational materials available on diabetes which are culturally appropriate.

Because diabetes prevention is receiving so little attention from health officials, health resources have to be devoted to treatment of the late symptoms of diabetes.

Ms Alethea Kewayosh, a diabetes expert with the Ontario Ministry of Health and the First Nations Health Commission of the Assembly of First Nations, argues that the pain and cost of treating major complications that result from long-term unchecked diabetes could be reduced dramatically through relevant educational programs and services for both health care providers and community members.

More public awareness of diabetes would also increase support for addressing diabetes within the native population. Early diagnosis of diabetes would certainly enable many more native people to receive treatment and educational counselling before major problems occurred. Some limited moves have begun to be made in this direction. In 1992 the Ministry of Health began allocating funds for regional diabetes resource centres in Sudbury and Thunder Bay.

The zone hospital at Sioux Lookout which is responsible for 30 native communities has also received limited funding for diabetes education. Until recently there was only one professional diabetes counsellor on the hospital's staff.

It is also worth noting that at a time when experts such as Ms Kewayosh are calling for full funding for the fight against diabetes, the federal government is reducing its financial support to many of the native organizations involved in grass-roots work against this disease.

The scale of the epidemic is daunting and in Council's opinion it requires a response of equal magnitude. Council believes that the escalating rates of diabetes could be brought under control if political indifference were supplanted by a political willingness to provide support for a broad-based public education campaign, overall improvements to health care, and a program of diabetes counselling. Without counselling and public education, augmented with culturally sensitive services, the quality of life for many native people, especially the elderly, will be needlessly worsened.

Access to Health Care

There are 128 native communities in this province but not one has a full-fledged hospital. And the two largest communities — Six Nations of the Grand River near Brantford and Akwesasne near Cornwall — have only recently opened comprehensive medical centres.

Without easy access to local medical facilities most native seniors who become seriously ill are routinely "sent out" of their communities to be hospitalized in unfamiliar settings.

For most native seniors in Southern Ontario, the closest hospital may be in the next town or the next city — usually within driving distance. It's quite a different story for native seniors in the North. For seniors living on Manitoulin Island, for instance, although there are two medical facilities on the island, the closest general hospital is in Sudbury — a two hour drive by ambulance.

For seniors in the Far North, hospitalization means being flown out to the zone hospital in Sioux Lookout. If complications arise, they are then transferred to a larger medical facility in Thunder Bay, Toronto or Winnipeg.

Responses to the questionnaire showed that almost 40 per cent of the First Nations in the North have persistent difficulties in accessing health care facilities because of distance and lack of transportation.

Seniors from Lac La Croix First Nation in the Northwest also told Council how they had to be flown out of their community for medical treatment. In bad weather the wait for an air ambulance can be as long as a day and a half.

In the course of a year, it costs the federal government up to $240,000 to fly patients out of the remote community of Lac La Croix in the Northwest for medical treatment according to Mary Jane Wilcox of Grand Council Treaty #3.

Three-quarters of the questionnaire respondents from First Nations in Southern Ontario commented on either the absence of a hospital in their area or the problems associated with transporting seniors to regional facilities. The problem of transportation appears to be particularly acute for people with disabilities and mobility impairments. Several communities commented on the lack of para buses that could be used to transport persons with disabilities to hospital.

The distance to the hospital makes visiting almost impossible, isolating seniors from their family and their community. "I know one man who said, 'What is the use of dying here in Winnipeg? I want to be with my family.' He



Frank Jordan (right) from Lac La Croix First Nation knows first-hand the problems of living in a remote, fly-in community in the Northwest of the province.

left the dialysis machine and came home to die," said Tom Medicine, an elder of Rainy River First Nation.

Native seniors from different parts of the province indicated to Council that they have on occasion tried to hide their illnesses for fear of being hospitalized away from their communities and families. As a result, seniors often conceal symptoms, avoid diagnosis and treatment and resist necessary hospitalization. Needless to say, these responses can have serious health implications.

"All the seniors are from the old school and are too shy and will not use services off reserve," said Laurie Marsden, Band Representative of Alderville First Nation, south of Peterborough.

"Some elders do not like to go to the hospital, period. They can be stubborn and deny there is anything wrong," wrote Shirley Corbiere, Community Health Representative of the Ojibways of Sucker Creek on Manitoulin Island.

Not only do many seniors feel cut off from family and friends when they are sent out for health care, but they also feel alienated by a medical world which often does not understand their language or their ways. Council repeatedly heard service providers and family members detail how many native seniors speak English poorly or not at all. Even with the help of an interpreter some native seniors have difficulty explaining their symptoms to a physician, understanding their medication, or identifying side-effects.

On the questionnaires language was most frequently mentioned as a significant barrier to health care. Fully two-thirds of northern respondents and one third of southern respondents noted language problems encountered by seniors.

The term language encompasses a wide set of criteria such as the quality of explanation of prescriptions and medications; the absence of native words to describe certain medical conditions; differing conceptions of health and wellness; insecurities about modern medicine; and the loss of control over personal health.

"Seniors cannot fully explain their situation or health state. Sometimes this leads to misdiagnosis or non treatment," commented Ignace Wheesk, Social Services Administrator for Attawapiskat First Nation near James Bay.



Many of the seniors, who attended the Big Trout consultation meeting, spoke only Oji-Cree. Through interpreters they told Council how much they dread being "sent out" of their communities for long-term care or medical treatment.

Another important issue is the cultural insensitivity of some health care professionals in their treatment of native seniors. Most health care professionals speak English or French and have little understanding of native cultures. For example, many hospitals will not tolerate the practice of sweetgrass or tobacco burning despite the fact that these practices have cultural and spiritual significance for many older natives.

Rhoda Winter, a senior from Wapekeka First Nation summed up the anxiety felt by many seniors as they face being sent out of their communities for health care: "My husband has been sick for the past two years . . . I don't want him to die when he is out at the hospital (in Sioux Lookout)."

There are also a number of health care facilities which do not provide native translators. Despite a large native population in the area of Fort Frances and Cornwall, neither

Education

The shortage of native people in the medical and other professions is related to a long history of the education system failing completely to address the needs of native children. In the decade between 1958 and 1968, the average drop-out rate for native children in Canada was over 95 per cent. Today, just under 60 per cent of on-reserve native children leave the school system before completing Grade 12. This drop-out rate is still double that of other Canadians.

In 1989, the federal government placed a ceiling on its financial assistance to post-secondary native students; a decision which will unquestionably leave hundreds of qualified native students unable to obtain financial assistance.

Many First Nations are now taking control of their own education, leading to some reductions in drop-out rates.

communities offers regular on-site translation services at the hospital.

The other side of this coin is the shortage of native health professionals, especially doctors or therapists. In the 46 communities of the Nishnawbi-Aski Nation of the Far North, there has never been one student graduate as a physician; this absence of familiar faces and voices in the hospital system reinforces many seniors' perception of a hospital as an alien environment.

In this regard, Council is encouraged by current initiatives such as the native nurses entry program. A nine-month course, offered at Lakehead University, allows native community health workers the opportunity to upgrade their skills in preparation for entry into a degree level nursing program. Such initiatives are few in number and limited in their range of fields.

On Reserve Health Care

Most native communities in Ontario are small and rural with only rudimentary health care services. Typically, these reserves do not have a resident nurse or a doctor — only one or two community health representatives. Known as CHRs, these front-line health workers often have limited training yet are expected to respond to a range of health care problems.

In isolated communities in the Far North, CHRs normally rely on support via radio or telephone from an area nursing station or the zone hospital at Sioux Lookout.

Physicians do make regular trips into remote reserves, but these visits can be as infrequent as every four to five weeks. Specialists may visit a community only once or twice a year. A senior who needs new glasses may have to wait six months to a year for an appointment and then endure another six month delay before the glasses are adjusted properly.

It is worth noting that health professionals, whose primary focus is geriatric care, do not make routine visits to northern communities.

Community Health Training

Cambrian Community College in North Bay and Mohawk Community College in Hamilton both offer courses specifically designed for native community health representatives (CHRs). In the spring of 1993, 25 native students graduated from the Mohawk course — the biggest class to date. The program is the first of its type in Canada.

The Union of Ontario Indians in conjunction with the Indian and Northern Affairs Medical Services Branch and some individual First Nations communities designed the curriculum. Entitled the Native Community Care Counselling and Development Program, it lasts two years and offers students a choice of areas of specialization including drug and alcohol counselling, mental health work or chronic diseases.

Both colleges have had persistent problems in securing on-going funding for the CHR courses from Indian and Northern Affairs Canada and Health and Welfare Canada.

In Southern Ontario, First Nation communities also have CHRs on reserve but are more likely to have clinics with nurses. And as mentioned earlier, it is only the large First Nation communities which have comprehensive medical centres.

In the minority of reserves where clinics do exist, there is often a chronic shortage of counsellors and medical workers. Wheelchair access to these facilities is often difficult or impossible.

Long-Term Care

"About 20 years ago, my grandma passed away at the nursing home in town. From the day she left until the day she died, we saw her only twice. As a child, I didn't know why she was shipped away. As an adult, I still don't know," said Calvin Ottertail, a young teacher from Lac La Croix First Nation, a fly-in community southeast of Fort Frances.

In community after community, the subject of long-term care elicited more emotional responses than any other issue.

Chief Stanley Sainnawap of Big Trout Lake detailed the tragic sequence of events which transpires when seniors are placed in long-term care facilities away from their communities: "When they go out to a home, they are gone for good until they die. The next thing the coffin arrives."



Chief Stanley Sainnawap, Big Trout Lake First Nation.

Of Ontario's 128 First Nations, only three have nursing homes which offer chronic care. These facilities are at Six Nations of the Grand River, Wikwemikong Unceded First Nation on Manitoulin Island and Akwesasne First Nation near Cornwall. And only a handful of First Nation communities such as Curve Lake offer seniors 24-hour-a-day-care in a group home setting.

In the Far North there are no native long-term chronic care facilities. Combined with a severe shortage of in-home care, seniors either suffer in silence or are flown out to nursing homes in Kenora, Thunder Bay or Sioux Lookout. Few families can afford the air fare for a visit even once a year. Away from family and friends, loneliness and isolation become the old person's companions. "They miss the community life, their friends and relatives, the culture and the food," added Chief Sainnawap, noting that many of the elders do not speak English and find it difficult to cope with strange surroundings.

While native seniors in Southern Ontario are more likely to speak English and go to a nursing home within driving distance of their families, they, too, can experience culture shock. An elder from Oneida of the Thames First Nation near London, Ontario, told Council: "There is a real need for a nursing home on the reserve . . . I know one lady who left for just a month and she passed away. She was away from home. She spoke only our language."

The same message was repeated by a senior from Walpole Island First Nation. "A nursing home is needed on the reserve. I can't emphasize that enough. We have a link to the land and when it's taken away they all want to come home to die where they're happy. We could prolong their lives."

Council's questionnaire brought numerous comments on the dire need for long-term care for First Nation seniors. Almost 70 per cent of First Nation responses indicated that some of their frail seniors had to go off reserve for long-term care. Bill Gardner, a Councillor at Eagle Lake First Nation, wrote: "Our concern is that services outside of the community are not culturally appropriate and many seniors soon pass away because of the differences in culture. We need to develop that level of care regionally within our area."

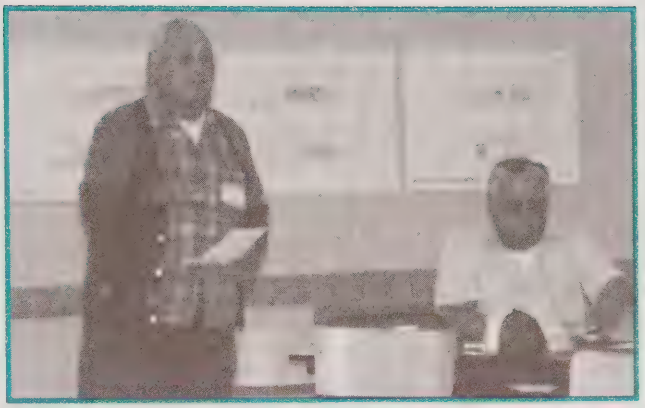
As in the case of hospitalization, many native seniors will try to conceal their suffering to avoid being "sent out." Families, too, try to support their aging relatives as long as possible in order to postpone what is often inevitable — an off-reserve nursing home.

It's traumatic for any daughter or son to face the prospect of institutionalizing a parent. For native families this decision can be even more painful.

Native communities have traditionally conferred great respect on their older people. It is the senior who passes on the history, culture and traditions, linking the past with the present. It is the senior, for example, who may still remember how to smoke fish and smudge the sweetgrass. And in many communities the seniors have become the last keepers of the language. For example, at the Bay of Quinte First Nation there are only 12 seniors who still speak the old Mohawk dialect.

"We lose a lot of wisdom when we have to go to a nursing home for a ten-minute visit to talk to an elder," stated Tom Moses, a senior from Big Grassy First Nation in the Northwest.

"Our elders are missing from the community. They aren't around to teach our children to be noble citizens," declared Tom Medicine from Rainy River First Nation.



Tom Medicine of Rainy River First Nation addresses Council at the Couchiching consultation meeting.

A number of native communities have taken up the challenge of providing long-term care for their elderly. The Bay of Quinte First Nation which has a sufficient number of trained medical personnel recently applied to the Ontario Ministry of Health for a license for a 60-bed nursing home. The Ministry turned down the application, explaining that at this time no more beds were being licensed.

Band Councillor Don Maracle rejects this explanation arguing that native communities do not have their share of nursing home beds. Other communities told Council about the amount of provincial red tape involved in trying to secure long-term care beds.

Council also heard how many First Nation communities were not informed of a provincial announcement in 1990 to fund 600 multicultural long-term care beds.

Frustration is also felt with the old argument that most native communities are too small to support a long-term care facility. In the Kenora area, Grand Council Treaty No. 3 tried to get approval for a nursing home but was repeatedly discouraged by the District Health Council, which argued that the size of the native seniors population did not warrant a facility.

For some communities it is Catch-22. They cannot convince the Ministry of Health to fund a long-term care facility. Yet under the **Indian Act** native communities cannot mortgage land to raise capital in order to build a nursing home and even if such funds could be obtained, they would still have to wait for the province to grant a licence. And so the exodus of seniors out of many First Nations continues to the detriment of the entire community.

Responsibility

The provision of health care in First Nation communities is primarily the responsibility of the Government of Canada. While the federal government does not accept any treaty obligations to provide health services, native communities see the provisioning of health care as a historic right enshrined in either treaty, charter or as an obligation flowing from the seizure and occupation of lands.

In Ontario, the Ministry of Health did not have an Aboriginal Health Office until October, 1991. That Office is now charged with the development of a health policy for native people. While the 1965 Canada/Ontario Memorandum Respecting Welfare Services for Indians allowed for the provincial devolution of the administration of limited social services to First Nations, there is as yet, little parallel devolution of health care services.

To date, no First Nation community has gained responsibility for administering a full range of provincially-funded health care services.

Guiding Principles

Council strongly urges the Government of Canada to formally recognize its responsibilities for First Nation health care and to proceed expeditiously to devolve this authority to First Nation communities. This process of devolution must recognize the prerequisite need for support in the areas of infrastructure development, training, and program design.

Prior to and during this process of devolution the Government of Canada must be morally bound to consult thoroughly with First Nations and their respective national and provincial organizations.

Likewise the Government of Ontario must follow the spirit of its own statement of political relationship and continue to consult widely with the First Nations of this province in the development and delivery of community services.

Council believes that some fundamental principles must guide the design and delivery of health care services to First Nation seniors:

- Health care and long-term care should be provided within the bounds of First Nation communities, wherever possible;

- Health care for First Nation seniors should be delivered in a manner sensitive to their culture.

- The quality of health care provided to First Nation seniors should be of the same standard as enjoyed by other seniors in this province.

Recommendations

Diabetes

- That Health and Welfare Canada (Medical Services Branch), in consultation with First Nation organizations, develop and fund a major diabetes education and counselling program. It should employ native health workers and be Band administered and controlled.

- That the Government of Canada, in cooperation with the Ontario Ministry of Health and provincial native organizations, substantially increase funding for First Nation diabetes research and establish a coordinated system of information sharing through the development of a native diabetes resource centre.

- That the Government of Canada address the serious shortage of on-reserve foot and eye care, ensuring that specialists are funded to visit reserves at a frequency dictated by the needs of the community. In First Nations with significant needs, Health and Welfare Canada should fund the establishment of on-reserve foot and eye care clinics.

Hospitalization

- That the Ontario Ministry of Health designate specific units within certain large urban hospitals to provide medical care in a culturally sensitive way to First Nation people. These units should be located in cities serving significant native populations such as Thunder Bay, Sudbury and Toronto.

- That the Government of Canada, in consultation with the Ontario Ministry of Health and provincial native associations, ensure that interpreters are universally available to all native seniors when receiving health care services outside of their communities. Particular attention must be paid to providing interpreters on medical flights.

Community Health Representatives

- That the Health and Welfare Canada (Medical Services Branch) take immediate steps to substantially upgrade the qualifications of all community health representatives now working in First Nation communities by allocating to all Bands new funds specifically ear-marked for one year of training at the college level. This funding must cover income support, tuition fees, room and board costs, transportation costs and related expenses such as books.

- That training for CHRs include a diabetes awareness component.

- That Health and Welfare Canada (Medical Services Branch) in consultation and cooperation with aboriginal organizations create and fund new positions employing people to work in concert with existing community health care providers as diabetes counsellors. The sole task of these community health workers would be to address the unique needs and concerns of community members affected by diabetes.

Long-Term Care

- That in its current redirection of long-term care the Ontario Ministry of Health carefully heed recommendations put forward during the native consultations in 1992-93.

- That the Ontario Ministry of Health recognize the chronic shortage of long-term care facilities for native seniors and substantially increase the number of licensed nursing home beds available to First Nation communities.

- That the Ontario Ministry of Health (Aboriginal Health Office) and the Ministry of Education and Training work in close co-operation with a faculty of medicine of an Ontario university and the Office of the Chiefs of Ontario to establish a native gerontology program of study. Funding must be made available to the designated university for curriculum development and for scholarships for native students.

- That the Ontario Ministry of Health significantly expand its Aboriginal Health Office to include a three-person unit charged specifically with addressing the health needs and concerns of native seniors.

- That in consultation with First Nations and native organizations, the Ontario Ministry of Health develop and fund a long-term public education strategy targeted specifically at native seniors. Its four key components would include:

    - A comprehensive, multilingual package of promotional materials (videos, posters) dealing with such health issues as diabetes, tuberculosis, diet, eye and foot care, alcoholism and elder abuse. These should be distributed to all First Nations in the province;

    - A corps of native information officers trained to conduct regular health care workshops with native seniors throughout the province;

    - A seniors peer program established in each First Nation community in Ontario to encourage seniors to participate in health care workshops, activities and self-help programs such as friendly visiting and telephone checks;

    - Funding to each First Nation community in Ontario to hire a seniors' co-ordinator for an initial three-year period who would provide information and referral services to seniors and would assist in the development of programs and activities for seniors.

HOUSING



"The roofs leak . . . The basements are wet and have damaged the furnaces. Sometimes there is no electricity . . . Some places are still without plumbing . . . You don't have to go to the Far North to find these conditions." — Band Councillor Don Maracle, Mohawks of the Bay of Quinte First Nation near Kingston.

In this day and age most Ontario families could not imagine living without running water, central heating or bathrooms. Yet for hundreds of native families on reserves across this province, substandard housing is the rule not the exception.

In December of 1992, the federal government's Standing Committee on Aboriginal Affairs grabbed national headlines when it reported that half of the houses on Canada's reserves were unfit to live in.

One-third of the houses reportedly had no running water, well water, sewage pipes or septic tanks.

This shocking condemnation of the state of native housing was old news. Seven years earlier, a federally-commissioned document entitled **Technical Report of the Study of On-Reserve Housing Conditions** revealed a similar picture of substandard native housing.



As in many other native communities in Ontario, the houses at Big Trout Lake First Nation are poorly built, expensive to heat, and overcrowded. In the Far North, in particular, many houses lack such basic services as running water, indoor plumbing and central heat.

Surveying 94 First Nations and 1,870 houses across Canada, the study reported that almost half of the houses or 47 per cent failed to meet basic standards. More than half the houses had no central heating. Over a third lacked either some or all of such basic amenities as running water, indoor toilet, or bath/shower.

The report also deemed the federal government's record on housing for Ontario reserves to be the worst in Canada. Overall, 70 per cent of on-reserve housing stock was estimated to be substandard. In seven years between the release of these two reports there appears to be little overall improvement in the state of native housing in Canada.

Substandard Construction

A substantial number of reserve houses were built 20 to 30 years ago when little attention was paid to insulation or thermal windows. Council heard that due to a lack of access to capital, some communities had even used building materials from off-reserve structures slated for demolition, or from World War II storage facilities, to construct homes.

Seniors told Council how their houses required up to ten cords of wood a year to heat and yet were still not warm enough. "I would like to wake up in the morning without my blanket frozen to the wall," was how one senior expressed the problem to Liz Dance of the Office of the Chiefs of Ontario.

When substandard construction is combined with the extensive use of woodburning stoves or space heaters, the result can be deadly. The rate of death by fire for native people is almost four times the national average. It is also worth noting that on many reserves fire fighting equipment is often inadequate or non-existent.

For seniors living on fixed incomes, heating poorly built homes can be a major drain on their finances. "Our seniors are living in houses which are not energy wise. It takes a lot of their pensions. A lot of my grandmother's money goes to energy," said Penny Williams, a Community Health Representative from Walpole Island First Nation.

Overcrowding

The problem of overcrowding is getting worse. With the passage of Bill C-31 in 1985, the Government of Canada granted Indian Status to large numbers of people who had previously been excluded by clauses of the **Indian Act**. In particular, native women who had lost legal Indian status by marrying either non-native men or non-status native men are now legally recognized as native people. This change itself will almost double the demand for new on-reserve housing to an estimated 20,000 units. The 1991 Report of the Auditor-General indicated that the Department of Indian Affairs and Northern Development had no operating solution to the existing on-reserve backlog.

While additional funds are being provided to bands to accommodate the influx of people as a result of C-31, many band administrators stress that the average payment of between $23,000 and $30,000 is insufficient to build a liveable home.

Seniors are also hard pressed to be able to afford to repair their homes. "A home maintenance program is very important to us. However because of money shortages our elders haven't had extra money to do minor repairs which are now major," stated Keinna Jones, Coordinator of Home Support at Garden River First Nation, north of Lake Huron.



Many of the houses are typically very small with only 672 square feet of living space for a family of four. This small bungalow at Big Trout Lake is similar to houses built by the federal government in other native communities.

Not only are many of the houses poorly constructed for Canadian winters but they are typically very small with only 672 square feet of living space for a family of four or five. Compare this to a suburban bungalow in Kenora or Oshawa where a family of four typically has three times the room.

To make matters worse, there is a chronic shortage of housing in most First Nation communities. The federal government's Standing Committee on Aboriginal Housing judged the situation so critical in 1992 that it recommended the immediate construction of 21,700 new homes; the replacement of 6,700 existing homes; and repairs to over 40,000 homes. However according to the committee, only 3,400 housing units were built in 1992. All new houses built on reserves must now conform to the National Building Code.

One of the dire consequences of the housing shortage is severe overcrowding. The reported rate of overcrowding on reserves is 16 times that in Canada at large. In Ontario it is estimated that one third of all on-reserve houses are overcrowded.

Health and Housing

Time and time again studies have linked poor and overcrowded housing with health problems. In the case of native seniors, these effects may be particularly acute. Respiratory problems are aggravated by the use of wood-burning stoves in poorly ventilated homes. Dampness and cold add to the pain of arthritis.

"As seniors get old, they are always cold. And in winter they get chills. It is hard in the winter when you've other ailments and when you are sick," said Cornelius McKay, a senior from Big Trout Lake First Nation.

Problems with sanitation can lead to a growth in airborne and parasitic diseases. Overcrowding is often seen as a factor aiding the spread of diseases such as tuberculosis. It is also a contributory factor in hypertension and the abuse of the elderly. Untreated or unclean shared water supplies radically increase the danger of diseases such as hepatitis A.

While poor and overcrowded housing is a problem for many native seniors, those with a disability or mobility impairment face even greater problems. Very few houses on reserves are accessible or have had any interior modifications to aid in independent living. In the cases where the reserve also lacks proper sanitation or running water, normal tasks of daily living can become a gruelling test of endurance.

Bonnie Cole, Manager of the Nursing Home at Akwesasne First Nation near Cornwall, expressed her frustration at the difficulty of obtaining funding to address the housing needs of the disabled. "You have lengthy waiting lists. You have lengthy criteria. You have a lengthy process and approval time . . . We are always sending bits of paper off somewhere hoping we've met the approval criteria for God knows where before we can pick up and adapt someone's house for their needs."

Seniors' Apartments

The majority of First Nation seniors live in Band-administered housing either with their spouse or with relatives. Only a minority of reserves have seniors' apartments.

The Ontario Native Affairs Secretariat reports that among 116 reporting First Nations six have seniors' residences, four have a multi-use seniors' complex, and one has an elders' lodge.

When Council visited Big Trout Lake First Nation, it held its meeting in the recreational room of the seniors' apartment building. Chief Stanley Sainnawap noted that the building had been designed, built and funded by Canada Mortgage and Housing Corporation without consultation with the local people. "When we were building this, CMHC did not understand the needs of this area. The bands need total flexibility according to the needs of the people and their handicaps," said the Chief.

What was readily apparent to Council members was the poor location of the apartment building — at least a 20-minute walk over dirt roads from the centre of the community. Daniel Cutfeet, a resident of the seniors' complex spoke of the problems with the location: "In winter the snow is up high . . . Elders need to get to the store and the clinic. Everything is quite far from here. It is a great distance from the school, the stores, the churches, the nurses station. A great way. We need transportation from the seniors' complex just to get to these places."

In the opinion of Chief Sainnawap and the seniors, the apartment building has created more problems than it has solved. When the apartments were constructed there were substantial cost over-runs which now have to be covered out of funds ear-marked for home maintenance.

The design of the building is yet another issue. Maggie Morris told Council that she and her husband moved out of the building because the bedrooms in their apartment were too small to accommodate her husband's kidney dialysis machine. Another senior mentioned that when the ambulance comes, the stretchers can't get through the apartment doorways.

The final irony is that while the community now has a seniors' building, there is no funding

available to hire support staff to care for those seniors who require help with daily living. "We make our own meals. When some can't make their own meals, my wife does it . . . We need a facility for those who cannot take care of themselves," remarked Mr. Cutfeet.



The seniors' apartment building at Big Trout Lake is at least a 20-minute walk over rough, dirt roads to the nursing station and grocery stores. For the seniors it means constantly asking a family member for a drive to the store or paying someone for a ride.

Another senior said, "Now, my wife is able to look after everything, but in ten years, then what? I don't know if my grandchildren will look after me, or where I'll be."

At Couchiching First Nation, it was an entirely different story. The seniors' apartment building is in the heart of the community poised on the shore of Rainy Lake. Council met with its residents, who had nothing but praise for the building. The municipal bus from Fort Frances stops out front, giving residents easy access to the town's services. But this building does not offer residents a continuum of care. When residents are unable to live independently, they must consider such options as the nursing home in Fort Frances.

Responsibility for Housing

The Government of Canada does not recognize the legal entitlement of natives to housing, but pursues a goal of providing financial support to First Nations at a level comparable to other Canadians with similar housing and financial needs. On the other hand First Nations view housing as a right; whether guaranteed by treaty or the **Canadian Constitution**.

A number of federal agencies are responsible for reserve housing, the most important of which is Indian and Northern Affairs Canada. It provides capital subsidies for construction, acquisition, renovation and rehabilitation of houses; undertakes planning, inspection and training; and conducts demonstration projects in appropriate technology.

The Standing Committee on Aboriginal Affairs noted in 1992 that the present base level of funding for housing provided by Indian and Northern Affairs Canada had not risen since 1983.

Under the **National Housing Act**, the Canada Mortgage and Housing Corporation (CMHC) operates two programs on reserves. One is the Rental Housing Assistance Program, under Section 95, a Band-operated subsidized rental housing program which aims to reduce rental costs to a level appropriate for low-to-medium income families. The second is the Residential Rehabilitation Assistance Program, under Section 51. According to the Standing Committee on Aboriginal Affairs CMHC's budget for native housing programs was cut in 1992 and is expected to result in 230 fewer units.

While a number of programs involving social housing and mortgage insurance are available from CMHC, only half of all Canadian First Nations make use of them. Many Band Councils choose not to incur a debt to CMHC, which would require them to charge rent to residents who may not have the means to pay.

The Federal Work Opportunity Program channels social assistance funds to native people engaged in housing construction who would otherwise not be employed. Individuals are also eligible for on-the-job-training support from Canada Employment and Immigration.

The Standing Committee on Aboriginal Affairs reports that some $300 million is spent annually on Canadian on-reserve housing.

The Ontario Government is not responsible for providing on-reserve housing, but in 1992 announced that $48 million would be spent over the next six years to provide indoor plumbing to some 3,100 homes on 21 reserves in Northern Ontario. Ontario's share will cover 90 percent of the cost to connect homes to new sewer and water infrastructures which the federal government is committed to providing.



At Couchiching First Nation, the seniors' apartment building has a bus stop at its doorstep where seniors can catch a ride into Fort Frances for shopping and medical appointments.

Recommendations

- That the Government of Canada immediately rectify the health and safety deficiencies of First Nation housing, focusing first on remote communities in the North, in order to produce a uniformly acceptable standard of indoor water supply, indoor plumbing, adequate insulation and adequate sewage disposal.

- That the Government of Canada provide funding to meet the housing supply needs of all First Nation reserves with particular attention to the priority needs of seniors and persons with disabilities. Such funding should be sufficient to meet the backlog demand for new First Nation housing units and units in need of renovation.

- That the Government of Canada re-publicize details of the Residential Rehabilitation Assistance Program for home repairs in all First Nation communities.

- That the Government of Canada recognize and act on the need for increased flexibility in federal housing programs in terms of culturally relevant building codes, design, layout and site requirements, building materials and labour practices.

- That apartment buildings for First Nation seniors be designed in close consultation with Band Councils and prospective residents, and that they be consistently located centrally, near community services and health care facilities.

- That the Ontario Government in co-operation with the Office of the Chiefs of Ontario spearhead an energy conservation strategy specifically designed for First Nation communities. Such a strategy should include the following components:

  - A culturally appropriate communications program including videos, pamphlets and posters to advise First Nation residents on how to make their homes energy efficient. Funding should be provided by Ontario Hydro.

  - A corps of native information officers to conduct on-site demonstrations and seminars on home insulation and weather proofing in all First Nation communities in the province. Funding and training should be provided by Ontario Hydro.

  - A home insulation program subsidized by the Ontario Ministries of Energy and Housing to enable First Nation residents to improve the energy efficiency of their homes. The ministries should encourage the purchase of products produced by First Nation communities and the employment of First Nation labour.

COMMUNITY SERVICES



"I know one lady in the community who really needs constant care. She is incontinent and lies in a wet bed. There is no one to get her out of bed and dressed. The relative looking after her has cancer." — Ann Cameron, nurse, Big Trout Lake First Nation.

Over the past decade more and more seniors in Ontario have been able to grow old with dignity in their own homes. This choice has been made possible because many communities now offer the kinds of support services which foster independent living.

First Nation seniors are no less attached to their homes and their communities, but few of them are afforded the opportunity to "age in place." Most First Nation communities do not have access to a broad range of support services for their elderly. Many native families are left with little choice but to send their frail seniors out of the community for long-term care.

Council's questionnaire found that as many as one in five First Nations in Ontario lack even the most basic support services such as homemakers for their elderly. Furthermore, many of those First Nations, which do operate support services are able to offer only a few programs, which are often underfunded and over-utilized.

Native seniors repeatedly stressed to Council their attachment to their homes and communities. Many service providers graphically described how existing support services were failing to meet the needs of the native elderly.

"Emotional stress exists in preparing them for the move to outside communities for extended care. We have not enough time or funds for nursing and homemaking," reported Cindy Maracle, Home Support Co-ordinator for the Mohawks of the Bay of Quinte First Nation.

From its consultations, questionnaire and research, Council has developed a picture of the support services currently provided for First Nation seniors. Overall, the services are limited in their range and marked by considerable disparities between communities both in quality and availability.

Homemakers

Many native seniors told Council how much they appreciated the few hours of homemaker help they were receiving each week. "The Homemaker Program has helped seniors a lot . . . If there was no program, a senior might die of thirst because he can't get water to his house. The community needs more homemakers," said Tommie Anderson, a senior from Wapekeka First Nation.

The Homemaker Program is by far the most common service with approximately 80 per cent of Ontario's First Nations offering their seniors some type of homemaker service. In some cases it is the only in-home support service available.

The duties of a homemaker vary from community to community but typically include meal preparation, light cleaning and housekeeping, laundry, and assistance with dressing and bathing.

In the Far North where most homes are without running water and depend on wood stoves for heat, the homemakers may have little time for anything but cutting wood and hauling water.

"The job description written for homemakers pretty much will accommodate middle class seniors in an urban setting. It doesn't take into account rural native communities," explained Don Maracle, Band Councillor, Mohawks of the Bay of Quinte First Nation.

In some cases, homemakers are expected to perform tasks which are clearly beyond their job description, even extending to the administering of medication.

Staff turnover among homemakers is reportedly high in many First Nation communities as the workload is often both demanding and stressful. Few homemakers are adequately trained for the varied requirements of the job although some native organizations such as the Nishnawbi-Aski Nation have set up homemaker training courses. There are also native homemaker and home support training programs offered by Cambrian Community College in Sudbury and Lambton Community College in Sarnia.

Despite the many obstacles faced by homemakers, Council has little doubt about the valuable role played by these individuals in First Nation communities.



Wapekeka First Nation has only ten seniors, all of whom met with Council's executive members when they flew into this remote community in June of 1992. Speaking in Oji-Cree, the seniors explained what a difference a few hours of homemaker services each week meant to them. Seniors Rhoda and Jeremiah Winter were among those at the meeting.

The Jurisdictional Question

In 1965 the Ontario Government and the federal government signed a memorandum of agreement regarding the funding and delivery of four key services to First Nation communities. Those services were: child care, child welfare, general welfare and homemaker services.

These four services are now cost-shared between the two levels of government. Typically the federal government provides between 60 and 90 per cent of the funding with the province picking up the remainder of the costs.

Under this agreement the province is legally responsible for the delivery of these four services to its First Nation communities and Ontario has, to a limited degree, made these services available. Many First Nations are justifiably frustrated by the delays and complexity of dealing with the different jurisdictions currently involved in the funding and delivery of services.

Over the past decade, a number of First Nation communities have taken control over some aspects of the delivery of social services in their communities. However these services often remain reliant upon provincial and federal funding decisions and subject to provincial and federal statutes.

Fairness and Consistency

Of major concern to Council is the province's method of allocating funds to First Nation communities for the Homemaker Program.

Across the province, there appears to be a wide discrepancy in the amount of funding allocated for the Homemaker Program in native communities. Council came to this conclusion after reviewing a draft report on **Aboriginal Programs and Expenditures** produced in 1992 by the Ontario Ministries of Health and Community and Social Services.

The report indicates, for instance, that in 1992 the Wikwemikong Unceded First Nation on Manitoulin Island, which has 173 seniors over 65, received the equivalent of $28 per senior annually from the Government of Ontario for the Homemaker Program. Sucker Creek First Nation, also on Manitoulin Island, with 10 seniors received $324 per senior per year. (It is worth noting that for both Wikwemikong and Sucker Creek First Nations there is no other source of funding for in-home help currently available.)

On the other hand, Pic Mobert First Nation, located north of Lake Superior, had 19 seniors in 1992 and reportedly received $9,258 per senior under this program.

Upon contacting a number of First Nation communities, Council confirmed that great differences do exist in the funding provided by the Government of Ontario for the Homemaker Program.

In Council's opinion the funding discrepancies in the program can be attributed to two key issues: means testing and lack of program evaluation.

What is the Homemaker Program?

The Homemaker Program operates by authority of the **Homemakers and Nurses Services Act** and provides homemaker services to the frail elderly and persons with physical disabilities in Ontario.

The service is cost-shared with the Ontario Government usually paying five per cent and the federal government 95 per cent. A few First Nations have separate funding arrangements.

While most homemakers on reserves are funded through the Homemaker Program, some are funded through the Home Support Program and Home Care's Integrated Homemaker Program.

In order for a senior to establish eligibility for help through the Homemaker Program, a means test is required. Neither the Home Support Program nor Home Care's Integrated Homemaker Program demands means testing.

First Nation social service administrators can't understand why the Homemaker Program has been singled out. Council also questions the fairness of requiring a means test for a service as necessary as the Homemaker Program. Council is also concerned that the province is administering three programs which offer similar types of homemaker service.

Means-testing

Before the province will provide funding to a Band for the Homemaker Program, each senior in need of this service must undergo a means test.

Many band administrators and seniors alike see the means tests as a disrespectful and humiliating process. It can also be a bewildering experience for elderly people who are unfamiliar with written English. In some cases the means test also makes unrealistic demands on the seniors such as requiring them to produce receipts for wood and taxis.

"Many of our seniors need homemakers, I see the need, but they will not come forward on account of the means test," said Catherine Shkakogan of Sagamok Anishnawbec First Nation on the north shore of Lake Huron.

Rather than submit to a means test many seniors simply do without the service. As a result, there is often little correlation between the number of seniors in a community needing the services of a homemaker and the amount of funding allocated by the province to the Band for the Homemaker Program.

According to Agnes Webkamigad of Wikwemikong Unceded First Nation the means-test has excluded virtually all her community's 200 seniors. Many won't submit to the means-tests. Others have incomes just above the limit.

Lack of Program Evaluation

Across the province, ten long-term care area offices of the Ontario Ministry of Health provide funding for the Homemaker Program in First Nation communities.

Council was shocked to learn that a full evaluation of the Homemaker Program, as it applies to the First Nation communities, has never been undertaken by the Government of Ontario since the program was started on reserves, in many cases over a decade ago.

Such an evaluation would have uncovered the great discrepancies in provincial funding provided to First Nations for the program.

An evaluation would have further revealed that the Homemaker Program is not meeting the needs of a good many native seniors. The primary reasons for this failing appears to be the use of and apprehension created by the provincial means test. It is worth noting that numerous Bands have complained to their area offices that the means test requirement deprives many needy seniors of homemaker services.

Council has been told by several Bands that area offices make little effort to understand the needs of First Nation elderly. There is often little contact between the area office and the local First Nations when there is, it appears that the focus is primarily on auditing the Homemaker Program records.

Consequences of a Lack of Homemaker Services

With insufficient funding to meet current needs, many First Nations are forced to cut the number of hours that a homemaker can spend with each senior to the point where some seniors may be receiving as little as one and a half hours of help per week.

"The government promised eight hours of homemakers per week in our homes but we are only getting three hours. It is not enough," said Elaine Bruyere of Couchiching First Nation.

Not only does such a level of service make it impossible for the homemaker to fully address the seniors' needs, it also increases the workload for both the homemaker and family members.

The vital interpersonal role that homemakers play in the lives of seniors is also jeopardized when hours are cut back. "The time is always constrained. There is no time to help. No relief is given to the primary caregiver. The elders are asking for mature adults who can speak their language. Often these people are lonely, isolated, forgotten. They need this communication," said Agnes Webkamigad, Home Support Co-ordinator for Wikwemikong Unceded First Nation on Manitoulin Island.

Home Support

The Home Support Program is co-funded in First Nations by the Ontario Ministry of Community and Social Services and Indian and Northern Affairs Canada, and provides non-personal care to seniors, including minor home maintenance, diners clubs and Meals on Wheels. In addition, the program sometimes provides a home help service, which is similar to the Homemaker Program. Home Support is not based on a means test.

According to Council's questionnaire, Home Support funding is accessed by approximately 33 per cent of Ontario's 128 First Nations.

Council heard consistently of the local appreciation for home support, particularly from seniors in the Far North. Council urges the rapid expansion of this program into many more native communities.

Council shares the concern of many home support workers, that the federal government,

through Indian and Northern Affairs Canada, introduced, as of March 31, 1993, a moratorium on any new home-support programs in First Nations and notes that despite current pressing need, program expansion has been halted.

Council is further worried that Indian and Northern Affairs Canada has made a series of announcements, indicating that existing funding for home-support may cease with the development of a federal adult-care strategy. Such funding uncertainty and inadequate explanations offered to First Nations at the Band level are of major concern to those involved in the care of the elderly.

Council appreciates the importance of the redirection of federal adult care programs. However, the need for services, such as home support, is so urgent that they cannot be placed on hold until new policies are developed.

In-Home Nursing Care

Given the overall shortage of health care workers in many First Nations, few native seniors have access to nursing care in their own homes.

Survey results indicate that less than ten per cent of northern First Nations and only one in five southern First Nations have health care workers who regularly call on seniors in their homes.

There are a number of reasons for this. Many native communities do not have nursing stations. Where nursing stations do exist, they are often short-staffed, allowing nurses little time for outreach work. This shortage of in-home care is often most acutely felt by seniors when they are discharged from hospital.

The Ontario Ministry of Health reports that its Home Care Program, which provides for in-home nursing care, is available in only 16 First Nation communities in Ontario. The reason is simple: most First Nation communities are rural and out of reach of agencies such as the Victorian Order of Nurses which are typically contracted by the province to deliver the program. Furthermore it is unclear how many First Nations are aware of the processes required to access this service.

Integrated Homemaker Program

The Ontario Ministry of Health also funds the Integrated Homemaker Program, a service which offers both homemaker and in-home nursing. Like the Home Care Program, only a small percentage of First Nation communities are currently accessing this service.

Other Services

Meals on Wheels

Throughout Southern Ontario, Meals on Wheels programs regularly supply hot meals to seniors in their own homes. Over the past decade, Meals on Wheels has become widespread, helping senior citizens both in small towns and large urban centres. However, this is often not the case for native seniors.

Council's survey revealed that among First Nations in Southern Ontario, seniors in only 20 per cent of communities had access to Meals on Wheels. In northern communities, the situation was even bleaker, only four per cent of communities reported that their seniors received the service.

Foot Care

With the disproportionately high levels of diabetes found among First Nation seniors, the need for general foot care is increasing. By dulling feeling in the feet, diabetes can significantly increase the danger of ulcers, infections and cuts. When such problems are not treated, the risk of further infection, gangrene, and even amputation is considerably heightened.

In northern First Nation communities, only six per cent of respondents to Council's questionnaire mentioned that foot care was available. Among southern First Nation communities, only one in five respondents reported the existence of foot care services.

Dental Care

The vast majority of First Nation communities do not have resident dentists. Access to dental care for First Nation seniors therefore varies widely across the province. For those seniors living close to urban centres there is often relatively easy access to local dental care, and in a number of cases dentists do make routine visits to communities. However, for more remote and especially northern communities, visits by dentists are often infrequent. In more isolated communities there appears to be an almost complete lack of access to dental care within the community.

Legal Matters

Advocacy and legal services for native seniors are two further areas where Council sees a need. Tasks such as aiding seniors in the writing of wills, advocating on behalf of hospitalized seniors, and assisting seniors with income tax and pension forms, are all areas where a single case worker in a small community could make a great deal of difference. A number of First Nations have designated a member of the band office as a seniors' case worker.

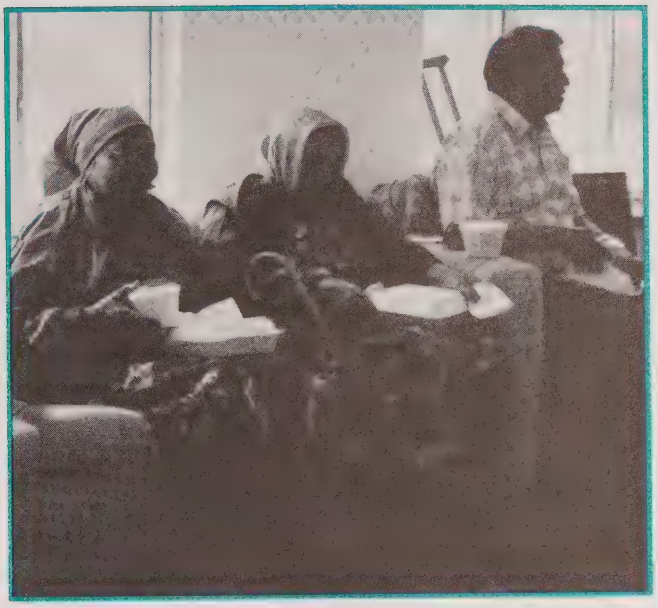
Transportation

Council's questionnaire determined that half of the southern communities had some form of transportation program available for seniors, although it was sometimes restricted to medical transportation. In the North, only 13 per cent of respondents mentioned the availability of general transport for seniors and a further 12 per cent mentioned medical transportation. Aside from a general shortage of affordable transportation for seniors, a problem frequently mentioned is the absence of accessible vehicles for elderly people with mobility problems. Almost one in ten northern respondents noted the lack of a para-bus.

"There is no affordable transportation and we are 18 miles from the stores . . . Because there is no transportation for many the seniors are inactive and isolated," wrote Chief Ralph Akiwenzie of the Chippewas of Nawash First Nation on the Bruce Peninsula.

Friendly Visiting

Loneliness and isolation are common concerns for a significant number of First Nation seniors. A few communities have formally established friendly visiting or security check programs for their seniors. Only 14 per cent of southern respondents to Council's survey and less than five per cent of these in the north stated that they had so far established such services.



Few native communities have sidewalks or paved roads or accessible houses. For seniors who rely on wheelchairs, canes or crutches, mobility is a real problem. (From left to right) Telona McKay and Daniel Cutfeet.

Accessibility

"Many improvements can be made in the condition of the elderly. Those in wheelchairs cannot get around. Having no sidewalks creates problems. Wheelchairs do not last long when they have to travel over gravel roads," wrote Chief Leona Nahwegahbow of Whitefish River First Nation in the Northwest.

"We have a doctor's clinic once a month on the reserve. However, we do not have wheelchair accessibility in our building. Therefore, those in wheelchairs have to go to the Manitoulin Health Centre," explained Shirley Corbiere of the Ojibways of Sucker Creek on Manitoulin Island.

"Most of our public buildings, including the health centre constructed in 1990, are not accessible for people with disabilities, the ramps are either too steep or non existent. The kitchens and bathrooms are totally inappropriate," commented Band councillor Don Maracle of Mohawks of Bay of Quinte First Nation.

Accessibility for seniors with disabilities is a province-wide problem. In Council's survey, concerns about accessibility as it affects housing, community services, facilities and transportation were expressed by 14 per cent of northern respondents and 23 per cent of southern.

Other Concerns

A wide range of other concerns regarding services in the community were raised by seniors and service providers alike. These concerns included the lack of mental health workers and the limited availability of family counselling. Several questionnaires also noted that many native seniors have little access to such medical services as physiotherapy, occupational therapy and traditional healing lodges.

It is clear to Council that the current overall level of services provided to seniors living in First Nations communities is both inadequate and inconsistent.

Many native seniors are still being deprived of adequate community support services and thus are being denied the opportunity to live with dignity within their own communities.

The lack of community services also places unfair burdens on families trying to care for their elderly. This responsibility falls disproportionately upon women. Burnout, stress and family tension result.

In the long run, this lack of services increases the number of seniors who are forced to leave the community for chronic care. Not only are the seniors upset by this dislocation but so is the community, which loses an important link to its heritage.

Guiding Principles

At the 1991 all Ontario Chiefs Conference, Resolution 91/34 established four principles intended to guide the establishment and administration of social services in First Nation communities in Ontario. Council is supportive of these principles, and recommends their acceptance:

I Social services must be First Nation controlled; provided under the authority and sanction of First Nation governments and fully accountable to First Nation members.

II Social services must be First Nation determined; designed and developed within the community by the membership.

III Social services must be First Nation specific; designed to address community needs in harmony with local culture and social structure.

IV Social services must be First Nation based; managed and delivered within the community.

Council believes that all seniors should have the choice of living independently with adequate support services or entering a long-term care facility in their area.

Recommendations

- That the **Homemakers and Nurses Services Act**, be amended to remove the currently required means test and that the service be made available on a needs basis.

- That the Government of Ontario undertake a detailed review of the current provisioning of support services to First Nations seniors, in particular the Homemaker and Home Support Programs

- That the Ontario Ministries of Health and Community and Social Services, in consultation with First Nation organizations, devise a one-stop access point for support services for First Nations.

- That the federal government and Government of Ontario consult with First Nation organizations in order to establish and fund the employment of more case workers for seniors (or their equivalent) in First Nation communities.

- That the Ontario Ministry of Citizenship (Office for Disability Issues) collaborate with the Office of the Chiefs of Ontario to undertake a community-by-community assessment of the needs of persons with disabilities in Ontario First Nations.

- That the Ontario Ministries of Health and Community and Social Services and Indian and Northern Affairs Canada increase funding for the Home Support Program in order to allow expansion to more First Nation communities.

- That Indian and Northern Affairs Canada rescind its March Moratorium (1993) on new funding and continue to fund the expansion of the Home Support Program.

ABUSE OF THE ELDERLY



"We will not tolerate the mistreatment of our old people who have had a lot of hardship." — Agnes Webkamigad, Home Support Program Co-ordinator, Wikwemikong Unceded First Nation on Manitoulin Island.

Only in recent years has abuse of the elderly received much public attention in Canada. Even today, many people remain reluctant to acknowledge the problem and unwilling to discuss it. Yet such abuse takes place in all parts of the country, in all segments of our society.

Estimates are that at least four per cent of Canada's elderly are abused at some time. The abuse takes many forms — financial, emotional, psychological, sexual and physical as well as abuse through neglect.

A recent study by Drs. Rachel and Benjamin Schlesinger, published by the University of Toronto Press, estimates that between two and four per cent of elderly people suffer violent abuse. In real numbers this translates into 170,000 older people in Canada, the majority of whom are women.

Abuse of the Elderly in First Nation Communities

There has been very little research done on the abuse of the elderly in First Nation communities. A report on domestic violence in First Nations published by the Ontario Native Women's Association (ONWA) in 1989 puts the percentage of First Nation seniors suffering violent abuse at ten per cent. If this figure is accurate, the rate of abuse of the elderly in First Nation communities may be three times higher than that found in the Canadian population as a whole.

The ONWA report further detailed a pattern of sexual and physical domestic violence in First Nation communities stating that as many as 80 per cent of native women living on reserves have been abused at some time in their lives. This rate of abuse is approximately eight times that of the rate for Canada as a whole.

Experts view abuse of the elderly in First Nations communities as a part of a continuum of domestic violence. Factors which contribute to domestic violence such as overcrowding, high unemployment, poverty, alcohol and drug abuse, also play a role in increasing the risk of elder abuse. In native communities the paucity of long-term care facilities, in-home support services and a shortage of trained medical professionals combine to put the elderly at risk of abuse.

But what cannot be overlooked in First Nation communities are the cultural traditions of respect and caring for the elderly. The factors which contribute to abuse of the elderly must therefore be considered in the light of attitudes which might mitigate against abuse.

Council's Findings

Council's questionnaire and consultations with First Nation communities produced some uncertain results on the issue of abuse of the elderly. Overall Council noticed some reluctance to discuss the issue which, although not uncommon, made it more difficult to adequately assess the level of abuse on reserves.

Service providers also told Council how they, too, had difficulty getting seniors to open up on the subject of abuse. Community Worker Stella Johnston of the Chippewas of Nawash First Nation expressed her frustration this way: "I have seen financial abuse of elders. How do we deal with it? We can't go through the senior. They won't do anything about it. No one will come forward. It exists."



Stella Johnston, Chippewas of Nawash First Nation.

This reluctance to speak out about the issue is not restricted to seniors themselves. Fully 20 per cent of the native communities which participated in Council's survey, withheld comment on the issue of abuse of the elderly. However, one third of the respondents did comment, reporting that some form of abuse did occur in their communities.

The types of abuse identified were wide-ranging from things such as stolen pension cheques to lack of respect to physical and verbal mistreatment.

Northern respondents acknowledged the problem more readily and were more likely to use the term abuse than those in the south. "There is abuse going on here. People steal food . . . from the elders. There isn't much protection for the elderly as they prefer to live by themselves or live with a relative that abuses them," reported Leonard Bluebird, Band Economic Development Officer for Big Grassy First Nation in the Northwest.

Several respondents avoided using the term abuse, but reported that young people and family members "took advantage" of seniors by taking their pension cheques, asking seniors to pay for drives into town, stealing food or neglecting to pay rent when living with an elder.

While a number of communities mentioned the absence of programs or services to deal with the problem of abuse, many expressed anger and concern that their seniors were being mistreated in any way.

The questionnaire also elicited some constructive suggestions on how to deal with the problem of abuse of the elderly in native communities. The Band Council of Ojibways of Batchewana First Nation near Sault Ste. Marie underlined the need for public education. "We feel there must be more emphasis placed on educating the general population about this problem. Increased education may help people recognize elder abuse and to voice their concerns."

Social Services Administrator Valerie Montague of Beausoleil First Nation echoed the need for public awareness but also stressed the importance of each community developing a strategy. "Many times elders do not want to acknowledge that their family members abuse them physically, financially, emotionally . . . The issues facing the aged must be a priority for government and community services, as a step towards preventative measures," said Ms Montague.

"Many times elders do not want to acknowledge that their family members abuse them physically, financially, emotionally . . . The issues facing the aged must be a priority for government and community services as a step towards preventative measures," said Ms Montague.

Other communities pointed to the shortage of seniors' residences and nursing homes on reserves. It was felt that if seniors had some housing choices, they would not remain trapped in abusive family situations. Shirley Corbiere, a Community Health Representative with the Ojibways of Sucker Creek First Nation, summed up the dilemma faced by seniors in an abusive situation: "If this person didn't cook or take care of him, who else would, so he either puts up with it or does without the help of his family, and is denied access to his loved ones."

Support for family caregivers was seen as another way of preventing abuse. Improved in-home services and respite care were suggested as ways to help families better cope with the demands of a frail elder and decrease the risk of burn-out among caregivers that can lead to abuse.

Finally, there was a call for a place for seniors to come together in their communities to socialize. "I feel this community needs a seniors' day-care centre with a program of exercise, nutrition and interaction with others, leading them to become healthier seniors," wrote Joan Ferguson, Community Health Representative for the Ojibways of Hiawatha First Nation near Peterborough.

In Council's opinion, one of the most critical factors in countering abuse among seniors in First Nation communities is a revival of the traditional role of the elder. In a period of one or two lifetimes, the role of the elderly in the native communities has undergone a traumatic transformation. From being respected figures of wisdom and authority, a number of elderly people told Council that they now see a lack of respect for the old people. Said one senior: "They only come near us when our pensions come in."

This loss of status for the elderly is by no means universal. In many communities there is something of a cultural renewal underway and the elderly are again being asked their advice and looked to for guidance. This renewed support for the traditional role of the elderly is a process from which Council takes hope.

The Broader Picture

Earlier chapters of this report have detailed the cultural estrangement, the shortage of social services in many First Nations, the overcrowding in homes, the lack of long-term care, and the poverty in many communities.

In Council's opinion, abuse of the elderly is a problem, but one which cannot be viewed in isolation. And until there are significant and fundamental improvements in the standard of living for most First Nation people, Council contends that the risk and reality of abuse will continue.

Council considers all the recommendations in this report as having a direct or indirect bearing upon the issue of abuse of the elderly. What follow are some specific recommendations:

Recommendations

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues) in partnership with a major native organization develop a culturally appropriate education strategy to raise awareness regarding the issue of abuse of the elderly in First Nation communities. This strategy should include:
  - an information kit for health and community workers;
  - a video (in English, Oji-Cree, and Ojibway) for community use;
  - a series of public service announcements and print advertisements for use by the native media.

Quality of Life



Across the entire province fewer than one in three First Nations judged their seniors as "quite healthy" and a number noted how stoically the seniors endured their hardships.

Council believes that the quality of life for seniors should be measured in terms of basic necessities — a warm house, access to medical care and a proper diet. Council also strongly believes that all seniors have a right to live in dignity.

From Council's direct meetings with seniors in native communities across the province it is abundantly clear that many First Nation seniors continue to live without the basic comforts of life.

Mentioned most frequently as a leading contributor to their poor quality of life was inadequate housing. One in three northern First Nations and 28 per cent of southern communities identified housing as a chief concern in Council's questionnaire.

"The elders' lives in our community are hard due to no water and sewers and poor heating systems. They have poor housing," said Chief Edmond Metatawabin of Fort Albany First Nation on Hudson Bay.

On the other hand, Curve Lake seniors expressed satisfaction with their lives on the reserve. "I have a lot to be thankful for," said Inez Knott, "friends in the village, a home by the lake, help or assistance only a phone call away and enough activity to keep me busy."



Seniors Gladys Taylor and Aileen Irons pause on the deck of the Curve Lake nursing home, which overlooks Pigeon Lake, to renew their acquaintance with Verna Johnston, a member of Council.

Across the entire province, fewer than one in three First Nations judged their seniors as "quite healthy" and a number noted how stoically the seniors endured their hardships.

But the deprivation suffered by many First Nation seniors goes far beyond material impoverishment. Many native elderly see themselves as no longer valued or needed by their communities. This loss of self-esteem may explain the reluctance of many native seniors to reveal their needs. "They never complain," said Jezebel Beardy, Band Membership Clerk at Wapekeka First Nation.

It may also be that native seniors do not wish to impose their problems on communities often struggling with a plethora of other challenges ranging from high unemployment to youth suicide to land claims.

"In many First Nations, resources are already fully occupied in dealing with issues that have existed for years . . . Into that crowded field you have the needs of seniors emerging . . . It is pretty tough competition sometimes," commented Ron Wakegijig, Community Health Worker, Wikwemikong Unceded First Nation on Manitoulin Island.

Within this crowded field, the problems of the elderly are often less visible and may appear less critical in the short term than those faced by the young. Loneliness, cold homes, ill-health and poverty rarely make the headlines. It is easy to understand how the concerns of seniors can be overlooked by the different levels of government and even by over-burdened Band Councils.

The concerns of seniors in First Nations are real and urgent. The scale of these concerns came to light when First Nations were asked in Council's questionnaire to describe the quality of life experienced by their seniors.

A startling number — close to 90 per cent — portrayed the quality of life for their seniors in such bleak terms as poor, unsatisfactory, stressful and impoverished.

For Council, these findings are indeed troubling and can only be viewed as a powerful call for change on behalf of First Nation seniors in this province.

Throughout this year-long study, Council has continued to identify a wide range of needs currently unmet for most native seniors. Yet Council also recognizes that many native communities have made considerable headway in providing for their seniors. These advances have often been accomplished despite inadequate funds and significant jurisdictional and bureaucratic obstacles.

Council is convinced that with more resources and more self-determination Band Councils could significantly improve the overall quality of life for on-reserve seniors.

Respect and Dignity

"The seniors are the ones who have been through the hardships and heartaches . . . The elders are being classed as almost third-rate citizens in our community. It is caused by lack of resources . . . Our younger generations are preoccupied with survival. The extended family is no more in our community," said Mr. Wakegijig.

Since the seniors of today were children, native people in Ontario have experienced profound change — the destruction of their way of life, the residential schools and the constant push to assimilate. Such initiatives have struck at the very soul of native people, denigrating their culture and traditions.



Like native seniors across the province, Madeline Anderson and Juliette Winter of Wakekeka First Nation have seen many changes in their lifetimes. Native seniors often feel bypassed as their communities struggle with modern-day problems.

But with the range of social issues facing native communities today, it is often difficult for seniors to re-establish their traditional position of authority. Curve Lake Senior Kay Taylor described to Council how a number of seniors in her community support the organization of an elders' advisory council to work with the Band. "However, there were so many other things for the Chief and Council to do, such as negotiating with the federal and provincial governments over land claims and housing, that the idea of an elders' council had to take a back seat," explained Mrs. Taylor.

It is little wonder then that the traditional role of the elder as educator, historian, cultural guardian and counsellor has been eroded. Many native seniors today are left feeling uncertain about their place in the community.

During Council's consultations seniors themselves and caregivers made reference to this loss of status.

In order to reclaim a greater sense of dignity native seniors need to feel that they have a role and that their participation can make a real difference.

On Manitoulin Island, the Ojibway Cultural Foundation has initiated a number of intergenerational programs which bring together the young and the old.

At Curve Lake First Nation near Peterborough, seniors explained how they were trying to keep alive the traditional role of the elder by teaching Ojibway at the local elementary school and telling stories and legends to the youngsters at the day-care.

Manson Ireland, a retired Chief at Oneida First Nation, proudly told Council how his Band had asked him to stay on as an advisor. "I am over 70 but I still think that I can help out in different ways." Sylvester Stone of Oneida noted that most reserves don't draw upon the skills that seniors have acquired over a lifetime.



Manson Ireland, former Chief of the Oneidas of the Thames First Nation, has been asked to continue to provide advice to the Band.

Importance of Native History

Council member and native elder Verna Johnston, 84, believes that native people can only counter decades of oppression and deal with their current social problems, if the younger generation is given a real opportunity to learn about native history, culture and traditions. It is through such self-knowledge that Mrs. Johnson sees a way for native communities to regain their pride as a people.

Unfortunately much of the written history of Ontario is still largely the story of fur trading, colonization, inter-imperial rivalries and nation-building. There is little reference to the millions of native people who inhabited North America for thousands of years prior to the European explorers; little recognition of the complexity or diversity of these native societies.

When history does make reference to native people it is more likely to recount the martyrdom of the Jesuits at Huronia than the destruction of the Beothuk people of Newfoundland or the contribution of hundreds of native men to Canada's role in the two World Wars.

The Ontario Ministry of Education and Training, which sets curriculum guidelines for the province's elementary and secondary schools, encourages but does not mandate school boards to offer native studies.

In recent years more and more First Nations have been developing their own educational programs and in some cases operate their own alternative schools. At Akwesasne First Nation near Cornwall, the Mohawk Freedom School offers children an education rich in native culture. It is worth noting that this school has a very low drop-out rate.

As important as it is for native children to grow up with a sense of their own culture, it is equally important in Ontario's multicultural society for all school children to learn about the province's first inhabitants.

It is Council's opinion that native seniors are willing and capable of bringing native history alive in the classroom for native and non-native students alike. As noted earlier, this generation of seniors has witnessed a great deal of history in their lifetimes and must be considered a valuable educational resource.

Council commends Ontario universities such as Trent in Peterborough which offer native study programs. Council also notes the visiting native lecture series offered by the University of Toronto.

Council sees great value in offering native studies early in a child`s education. Council holds this view for a number of reasons: Firstly, many Canadians have negative stereotypes of native people which are both pervasive and deep-rooted. Council contends that an honest account of native history, taught at an early age to all Ontario school children, would help break down some of these corrosive images. Secondly heritage courses could help native students cope with their feelings of alienation from the existing school system and increase their chances of academic success.

Thirdly heritage studies would help native children develop a sense of pride and self-worth, vital ingredients in the rejuvenation of many First Nation communities.

Isolation and Loneliness

Loneliness and isolation are other factors affecting the quality of life for native seniors. In Council's questionnaire, a remarkable 76 per

cent of southern First Nations and 41 per cent of northern First Nations stated that seniors on their reserves often felt forgotten by family members and by the community at large.

These sentiments were echoed by seniors themselves at consultation meetings. "The Island is a lonely place for seniors . . . Nobody encourages people or helps them to do their own gardens," said Gordon Issac, a senior from Walpole Island First Nation near Sarnia.

Racism

On a larger scale, many native seniors feel isolated from the outside world. It is a world which has typically treated native people like second-class citizens, readily labelling them as drunken or lazy. Today's seniors carry the wounds of this kind of racism, which has followed them throughout their lives.

Tom Medicine of Rainy River First Nation poignantly described to Council what it means to be Indian in a white society: "In hotels, restaurants and even stores if three or four white men and two Indians are there, who will be served first? Why is this happening in our society where we're teaching multiculturalism. These things shouldn't happen."

Responses to Council's questionnaire also made reference to systemic racism experienced by older native seniors. Lindy Chiblow, Social Services Co-ordinator of the Mississaugas of the New Credit First Nation, noted how seniors in her community had experienced "cultural unawareness and racism" when hospitalized.

Lack of Activities

Recognizing the link between wellness and activity, the majority of communities noted in their questionnaire responses that their seniors would benefit from more recreational and social activities. In fact, almost 50 per cent of northern First Nations and 66 per cent of southern communities identified the shortage or complete lack of seniors' activities as a problem contributing to a sense of isolation and loneliness.

Fewer than a fifth of northern and southern respondents described their seniors as active. "Due to our large geographic area there are many elders who are socially isolated. More social recreational facilities and services are required with transportation," said Gail McDonald, Director of Social Development and Health, Mohawks of Akwesasne First Nation.



Dorothy Commanda, a senior at Golden Lake First Nation, organized a seniors' club in her community and continues to keep the group active.

"Elders are half-alive. There are no challenges in their lives," said Verna Johnston, a member of Council and an elder at the Chippewas of Nawash First Nation. At consultation meetings Mrs. Johnston encouraged the native seniors to organize activities for themselves.

"There is a definite lack of activities geared toward seniors. Our community health representative has incorporated a few outings. However it is hard due to her strained budget. Many elders feel lonely and family involvement in some situations is limited. Many elders suffer from prescription and alcohol abuse," wrote Laurie Marsden, Band Representative for Alderville First Nation near Peterborough.

Finding transportation for seniors to attend activities and events is a recurring problem in many native communities. Mrs. Johnston noted that while the seniors of her community had raised money to build a seniors' centre, there was no transportation for the seniors. In other instances, seniors told Council they did not have a place to hold regular meetings.

Helen Hunter of the Rainy River First Nation pointed out how there was a meeting facility in her community but that it had to be rented. "Seniors don't have the money to pay for the use of that building."

Other seniors stressed how helpful it would be to have a seniors' co-ordinator to help them organize events and to provide information on programs and services.

The recreational or social needs of native seniors may seem unimportant compared to housing and health concerns. Council contends though that the social needs of native seniors cannot be dismissed as insignificant and should be seen as a way to create involvement and strengthen both seniors and the community as a whole.

"We want to feel useful. We don't want to be idle," said Lillian Nicholas, an 80-year-old senior from Oneida First Nation.

Recommendations

- That the Ontario Ministry of Education and Training make native studies a mandatory component of the social studies and history curricula in all provincial elementary and secondary schools.

- That the Ontario Ministry of Education and Training, in co-operation with the province's leading aboriginal organizations, develop study materials, which would accurately reflect native history and culture, for use at the elementary school level.

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues), in co-operation with the Ontario Council of Elders, develop and distribute a speakers' list which would identify native seniors in all parts of the province who would be willing to visit Ontario schools. That the Office for Seniors' Issues establish a fund to subsidize the travel costs of speakers.

- That the Indian and Northern Affairs provide funding to a national aboriginal organization to produce and air a series of public service announcements on national television highlighting native history.

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues) recognize the contribution of native seniors in its 1994 promotional material for seniors' month.

List of Recommendations

Income

In recognition of the inadequate income of First Nation seniors, especially those living in the North, Council recommends:

- Major reform of the federal government's Guaranteed Income Supplement (GIS) including:
  - That Health and Welfare Canada and the Revenue Canada work together to devise a system whereby the GIS would be based on income tax returns and automatically added to Old Age Security for those seniors in financial need.
  - That Revenue Canada train and fund Band representatives who would be responsible for ensuring that seniors in each community completed income tax returns and therefore become automatically eligible for both GIS and the Ontario Government's Guaranteed Annual Income Supplement (GAINS).
  - That Health and Welfare Canada increase the GIS for all Canadian seniors who live in northern or isolated communities and that it be indexed to the cost of living in the North.
- That the Ontario Ministry of Revenue increase its Guaranteed Annual Income Supplement (GAINS) for all Ontarian seniors who live in northern or isolated communities and that it be indexed to cost of living in the North.
- That the Government of Canada improve funding for the northern transportation policy to help subsidize the cost of food flown into northern communities.

Health

Diabetes

- That Health and Welfare Canada (Medical Services Branch), in consultation with First Nation organizations, develop and fund a major diabetes education and counselling program. It should employ native health workers and be Band administered and controlled.
- That the Government of Canada, in cooperation with the Ontario Ministry of Health and provincial native organizations, substantially increase funding for First Nation diabetes research and establish a coordinated system of information sharing through the development of a native diabetes resource centre.
- That the Government of Canada address the serious shortage of on-reserve foot and eye care, ensuring that specialists are funded to visit reserves at a frequency dictated by the needs of the community. In First Nations with significant needs, Health and Welfare Canada should fund the establishment of on-reserve foot and eye care clinics.

Hospitalization

- That the Ontario Ministry of Health designate specific units within certain large urban hospitals to provide medical care in a culturally sensitive way to First Nation people. These units should be located in cities serving significant native populations such as Thunder Bay, Sudbury and Toronto.

- That the Government of Canada, in consultation with the Ontario Ministry of Health and provincial native associations, ensure that interpreters are universally available to all native seniors when receiving health care services outside of their communities. Particular attention must be paid to providing interpreters on medical flights.

Community Health Representatives

- That the Health and Welfare Canada (Medical Services Branch) take immediate steps to substantially upgrade the qualifications of all community health representatives now working in First Nation communities by allocating to all Bands new funds specifically ear-marked for one year of training at the college level. This funding must cover income support, tuition fees, room and board costs, transportation costs and related expenses such as books.

- That training for CHRs include a diabetes awareness component.

- That Health and Welfare Canada (Medical Services Branch) in consultation and cooperation with aboriginal organizations create and fund new positions employing people to work in concert with existing community health care providers as diabetes counsellors. The sole task of these community health workers would be to address the unique needs and concerns of community members affected by diabetes.

Long-Term Care

- That in its current redirection of long-term care the Ontario Ministry of Health carefully heed recommendations put forward during the native consultations in 1992-93.

- That the Ontario Ministry of Health recognize the chronic shortage of long-term care facilities for native seniors and substantially increase the number of licensed nursing home beds available to First Nation communities.

- That the Ontario Ministry of Health (Aboriginal Health Office) and the Ministry of Education and Training work in close co-operation with a faculty of medicine of an Ontario university and the Office of the Chiefs of Ontario to establish a native gerontology program of study. Funding must be made available to the designated university for curriculum development and for scholarships for native students.

- That the Ontario Ministry of Health significantly expand its Aboriginal Health Office to include a three-person unit charged specifically with addressing the health needs and concerns of native seniors.

- That in consultation with First Nations and native organizations, the Ontario Ministry of Health develop and fund a long-term public education strategy targeted specifically at native seniors. Its four key components would include:

    - A comprehensive, multilingual package of promotional materials (videos, posters) dealing with such health issues as diabetes, tuberculosis, diet, eye and foot

care, alcoholism and elder abuse. These should be distributed to all First Nations in the province;

- A corps of native information officers trained to conduct regular health care workshops with native seniors throughout the province;

- A seniors peer program established in each First Nation community in Ontario to encourage seniors to participate in health care workshops, activities and self-help programs such as friendly visiting and telephone checks;

- Funding to each First Nation community in Ontario to hire a seniors' co-ordinator for an initial three-year period who would provide information and referral services to seniors and would assist in the development of programs and activities for seniors.

Housing

- That the Government of Canada immediately rectify the health and safety deficiencies of First Nation housing, focusing first on remote communities in the North, in order to produce a uniformly acceptable standard of indoor water supply, indoor plumbing, adequate insulation and adequate sewage disposal.

- That the Government of Canada provide funding to meet the housing supply needs of all First Nation reserves with particular attention to the priority needs of seniors and persons with disabilities. Such funding should be sufficient to meet the backlog demand for new First Nation housing units and units in need of renovation.

- That the Government of Canada re-publicize details of the Residential Rehabilitation Assistance Program for home repairs in all First Nation communities.

- That the Government of Canada recognize and act on the need for increased flexibility in federal housing programs in terms of culturally relevant building codes, design, layout and site requirements, building materials and labour practices.

- That apartment buildings for First Nation seniors be designed in close consultation with Band Councils and prospective residents, and that they be consistently located centrally, near community services and health care facilities.

- That the Ontario Government in co-operation with the Office of the Chiefs of Ontario spearhead an energy conservation strategy specifically designed for First Nation communities. Such a strategy should include the following components:

  - A culturally appropriate communications program including videos, pamphlets and posters to advise First Nation residents on how to make their homes energy efficient. Funding should be provided by Ontario Hydro.

  - A corps of native information officers to conduct on-site demonstrations and seminars on home insulation and weather proofing in all First Nation communities in the province. Funding and training should be provided by Ontario Hydro.

- A home insulation program subsidized by the Ontario Ministries of Energy and Housing to enable First Nation residents to improve the energy efficiency of their homes. The ministries should encourage the purchase of products produced by First Nation communities and the employment of First Nation labour.

Community Services

- That the **Homemakers and Nurses Services Act**, be amended to remove the currently required means test and that the service be made available on a needs basis.

- That the Government of Ontario undertake a detailed review of the current provisioning of support services to First Nations seniors, in particular the Homemaker and Home Support Programs

- That the Ontario Ministries of Health and Community and Social Services, in consultation with First Nation organizations, devise a one-stop access point for support services for First Nations.

- That the federal government and Government of Ontario consult with First Nation organizations in order to establish and fund the employment of more case workers for seniors (or their equivalent) in First Nation communities.

- That the Ontario Ministry of Citizenship (Office for Disability Issues) collaborate with the Office of the Chiefs of Ontario to undertake a community-by-community assessment of the needs of persons with disabilities in Ontario First Nations.

- That the Ontario Ministries of Health and Community and Social Services and Indian and Northern Affairs Canada increase funding for the Home Support Program in order to allow expansion to more First Nation communities.

- That Indian and Northern Affairs Canada rescind its March Moratorium (1993) on new funding and continue to fund the expansion of the Home Support Program.

Abuse of the Elderly

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues) in partnership with a major native organization develop a culturally appropriate education strategy to raise awareness regarding the issue of abuse of the elderly in First Nation communities. This strategy should include:

  - an information kit for health and community workers;

  - a video (in English, Oji-Cree, and Ojibway) for community use;

  - a series of public service announcements and print advertisements for use by the native media.

Quality of Life

- That the Ontario Ministry of Education and Training make native studies a mandatory component of the social studies and history curricula in all provincial elementary and secondary schools.

- That the Ontario Ministry of Education and Training, in co-operation with the province's leading aboriginal organizations, develop study materials, which would accurately reflect native history and culture, for use at the elementary school level.

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues), in co-operation with the Ontario Council of Elders, develop and distribute a speakers' list which would identify native seniors in all parts of the province who would be willing to visit Ontario schools. That the Office for Seniors' Issues establish a fund to subsidize the travel costs of speakers.

- That the Indian and Northern Affairs provide funding to a national aboriginal organization to produce and air a series of public service announcements on national television highlighting native history.

- That the Ontario Ministry of Citizenship (Office for Seniors' Issues) recognize the contribution of native seniors in its 1994 promotional material for seniors' month.

APPENDIX

First Nation Consultations

Curve Lake First Nation
Curve Lake Community Centre
May 27, 1992
Participating Seniors: 30

Big Trout Lake First Nation
Big Trout Lake Seniors' Apartment Building
June 23 - 24, 1992
Participating Seniors: 35

Wapekeka First Nation
Wapekeka School
June 25, 1992
Participating Seniors: 10

Couchiching First Nation
Couchiching Community Centre
August 25 - 26, 1992
Participating seniors: 52

(With representation from Big Grassy, Lac La Croix, Onegaming, Naicatchewenin and Rainy River First Nations)

Oneidas of the Thames First Nation
Standing Stone Elementary School
November 4, 1992
Participating seniors: 58

(With representation from Mississaugas of the New Credit, Chippewas of Nawash, Chippewas of Kettle and Stony Point, Chippewas of Sarnia, Walpole Island First Nations.)

Native Canadian Centre/ Wigwamen Terrace
Toronto, September 9, 1992
Participating seniors: 12

Algonquins of Golden Lake First Nation
Mohawks of Akwesasne First Nation
Mohawks of the Bay of Quinte First Nation
Wikwemikong Unceded First Nation
Toronto, February 3, 1993
Participants: 15

Survey Questionnaire

The questionnaire in English and in Oji-Cree sent by Council to 116 First Nation across the province contained the following questions presented in the following manner:

Community Services

Which services in your community do seniors use? (e.g. seniors' apartments, home-makers, etc)

Please describe your services for seniors?

What services are missing for seniors in your community?

In what language(s) are your services to seniors delivered?

Is this the language(s) seniors most easily understand?

Health Care

What difficulties do seniors face when they need health care ?
(e.g. no local hospital, language difficulties etc)

While most friends and families help rather than abuse their elders, surveys indicate that cases of abuse do take place in most communities - rich, poor, native or non-native. Mistreatment can be anything from a slap on the face to stealing a pension cheque.

Your Comments on Such Abuse:

Income

Do elders 65 years of age and older in your community receive enough money from government pensions to cover their general living costs such as food, housing and clothing?

Housing

When elders in your community become too frail to look after themselves, what do they do ? (e.g. move in with a relative nearby, leave the community for a nursing home.)

Quality of Life

How would you generally describe the quality of life for elders in your community ? (e.g. healthy, active, isolated, poor housing, malnutrition, etc)

Comments

Please attach any additional information that you feel would assist Council in this survey.

Selected Historic Dates

Below is a summary of some of the key dates in the history of European contact with and judicial control exercised over native people in this province.

- 1608 - Samuel de Champlain established a trading post at modern-day Quebec City, forming an alliance with the Algonquins of the region.

- 1615 - Champlain is the first recorded white man to enter native territory in present-day Ontario. About 1636, he travelled along the Ottawa River over to Manitoulin Island and then headed south through Lake Simcoe and the Kawartha Lakes to reach Lake Ontario.

- 1641 - The place name "Ontario" — derived from the Iroquois word "Kanadario," meaning "Sparkling Water" — was first used to describe the lands in the area of the eastern Great Lakes.

- 1670 - The British Crown granted the Hudson's Bay Company the exclusive right to establish settlements on aboriginal land at Hudson's Bay. Later, in 1713, the Treaty of Utrecht conferred the entire Hudson's Bay territory to the British.

- 1763 - A **British Royal Proclamation** enshrined North American treaties with native people, reserving for them the lands west of a line along the heads of the rivers flowing into the Atlantic. The **Proclamation** offers non-interference and a recognition of Indian Nations as self-governing.

- 1783 - The Treaty of Paris gave the traditional lands of the Six Nations to the United States of America.

- 1784 - Mohawks under the military leadership of "John the Mohawk" — John Deserontyn — settled at the Bay of Quinte.

- 1791 - With the creation of Upper and Lower Canada and the influx of United Empire Loyalists, British authorities completed several agreements obtaining further Indian land in return for clothing, ammunition and annuities.

- 1814 - Following the War of 1812, the Government of the United States prohibited any non-American citizen from trading furs on American territory.

- 1818 - 1836 - A period of intense land purchase activity to obtain lands for immigrants from England, Scotland, and Ireland. By the late 1820s, Upper Canada authorities had begun the development of a new "paternal reserve policy," no longer viewing the Indian as a potential ally in the event of war, but as a savage to be civilized.

- 1836 - Most native land had now been purchased or occupied south of a line from the base of the Bruce Peninsula to Pembroke in the east, representing virtually all of southern Ontario. In that year, "presents" of cash were offered to 12,446 Indians in Upper Canada.

- 1860 - Formal responsibility for native people in present-day Quebec and Ontario was transferred from Great Britain to the Province of Canada.

- 1867 - The **Indian Act** was first passed. It was revised in 1952 and amended frequently thereafter. It remains in effect today.

- 1868 - 1869 - Following Confederation, federal law established the authority of the elected Band Council on Indian reserves

thereby supplanting traditional forms of government. This action coincides with strenuous efforts by authorities to wipe out vestiges of native culture; particular attention was given to the suppression of the sundance, the thirst dance and the potlatch ceremonies.

- 1873 - Treaty No. 3 was signed by the Government of Canada. It had the effect of setting aside north-western reserves for Indians at a rate of one square mile for each family of five and providing a stipend of $12 for each Indian man, woman and child. Through the 1870s, an increasing number of treaties were signed that involved the surrender of substantial native lands for purposes such as the development of the Canadian Pacific Railway and natural resources.

- 1874 - **The Ontario Election Act of 1868** was amended to advance voting rights to a new category of "enfranchised Indians." By 1888, the vote was extended to all adult male British subjects, with the notable exception of "unenfranchised Indians living on reservations."

- 1876 - Canada embarked on a determined effort to assimilate Indian, Inuit and Metis peoples. Set out in the **1876 Indian Act** was the unilateral declaration that Canada would recognize only "Status Indians." The Act declared that all Indians, as a result of marriage to non-Indians, or having received an education in a Christian residential school, or having lived away from their reserve, would be recognized as "civilized . . . fit for white society." Once so "enfranchised," an Indian and his or her immediate family would be required to leave the reserve. This policy was partly reversed in June, 1985, as a result of Bill C31.

- 1914 - Ontario soldiers involved in the First World War included a "coloured regiment" of some 350 men, including organized units of native people. Following the war, native communities in the Southern Ontario lost substantial hunting grounds and turned increasingly to agriculture as a means of sustenance.

- 1940 - With the rapid development of the Ontario economy, native labour was increasingly sought by railroad operators and the natural resource sector, including logging and mining companies.

- 1948 - Native war veterans and their wives were given the right to vote in Canada.

- 1954 - The last restrictions on voting rights for natives in Ontario were removed. This removal took place in the same year as the U.S. Supreme Court decision on Brown vs. the Board of Education — a decision which gave rise to the American civil rights movement of the late 1950s and the 1960s.

- 1959 - The Mohawks of the Bay of Quinte became the first band in Canada to be granted the right to manage their own revenues.

- 1960 - Full voting rights were granted to all native people in Canada.

- 1963 - Walpole Island, an independent First Nation near Windsor, became the first Band to introduce self-governing programs.

- 1968 - The National Indian Brotherhood and the Canadian Metis Society were formed out of the earlier National Indian Council. The growth of these organizations was spurred by anger at the positions taken by the federal government on native issues, clearly spelled out later in the 1969 White Paper.

- 1969 - The Trudeau government released its White Paper on Indian Policy effectively urging assimilation and maintaining a refusal to recognize "group rights".

- 1966 - 1990 - First Nation, Metis and Inuit communities began to rearticulate their traditional values and aspirations, and to reassert them openly. Land claims and treaty rights were a major focus of this expression. According to the **1992 Draft Report of the Commission on Planning and Development Reform in Ontario**, there are 72 outstanding land claims by native people in Ontario, applying to both crown and private lands.

- 1980-82 - The National Indian Brotherhood reorganized itself, changing its name to the Assembly of First Nations. The change was designed in part to emphasize that negotiations between the federal government and native people were nation-to-nation.

- 1982 - After intense political pressure a clause recognizing "all existing aboriginal and treaty rights" was included in the **Constitution Act**.

- 1985 - Bill C31. An Act to amend the **Indian Act**, restored Indian status and Band membership rights to large numbers of aboriginal women who had previously lost their status through marriage to a non-Indian. By June, 1990, the on-reserve First Nation population had grown by 19 per cent as a result of this legislation. Nonetheless, it did not provide redress to Metis women, themselves the offspring of marriage between Indian women and non-Indian men.

- 1990 - A visit by Archbishop Desmond Tutu of South Africa to northern Ontario native communities sparked anger and shock at the living conditions in some northern communities.

- 1990 - The conflict at Oka drew world media attention to the struggle for native land rights in Canada.

- 1991 - Ontario signs a statement of political relationship with the First Nations of the province. The document recognizes the inherent right of First Nations to self-government. The province commits to deal on a "government to government basis" with First Nations. This is the first agreement of its type in the country.

- 1993 - The United Nations declared 1993 International Year of Indigenous Peoples.

Suggested Readings

Council has prepared a detailed bibliography on the issues surrounding native seniors. Copies of the bibliography are available from Council offices on request. Below is a list of material which may be of general interest to readers.

Books

Adams, Howard. **Prison of Grass**. Fifth House Publishers, Saskatoon, 1989 (reprint).

Cassidy, Frank ed. **Aboriginal Self Determination**. Oolichan Books and the Institute for Research on Public Policy, Halifax, 1991.

Francis, Daniel. **The Imaginary Indian**. Arsenal Pulp Press, Vancouver, 1992.

Maracle, Brian. **Crazywater**. Viking Press, Toronto, 1993.

Miller, J.R. **Skyscrapers Hide the Heavens**. University of Toronto Press, Vancouver, 1992.

Engelstad, D. and Bird J. ed. **Nation to Nation**. Aboriginal Sovereignty and the Future of Canada, Anansi, Concord, Ontario, 1992.

York, Geoffrey. **The Dispossessed**. Little Brown & Co., Toronto, 1992.

Reports/Resource Material

Akwesasne to Wunnumin Lake, Profiles of Aboriginal Communities in Ontario, Ontario Native Affairs Secretariat, January 1992.

A Time For Action: Aboriginal and Northern Housing. Fourth Report of the Standing Committee on Aboriginal Affairs, December 1992.

Basic Departmental Data: Indian and Northern Affairs Canada, Ottawa, 1991.

Breaking Free: A Proposal for Change to Aboriginal Family Violence, Ontario Native Women's Association, December 1989.

First Come Last Served; Native Health in Northern Ontario, Ontario New Democratic Party: Task Force on Northern Health Issues, December 1989.

Technical Report on On-Reserve Housing: Ekos Research Associates, Ottawa, 1987.



In June of 1992 Council Vice-chairman Dr. Bill Arnup (left) and Council Chairman Bill Hughes flew from Big Trout Lake to Wapekeka First Nation in the Far North to meet with seniors.



Council Chairman Bill Hughes takes a few minutes to chat with one of the youngsters who greeted the plane at Wapekeka. All the seniors in the community attended the consultation.

"The seniors are the ones who have been through the hardships and heartaches."

— Ron Wakegijig, Wikwemikong Unceded First Nation, Manitoulin Island.

3 1761 11470735 9



Ontario Advisory Council on Senior Citizens 1993